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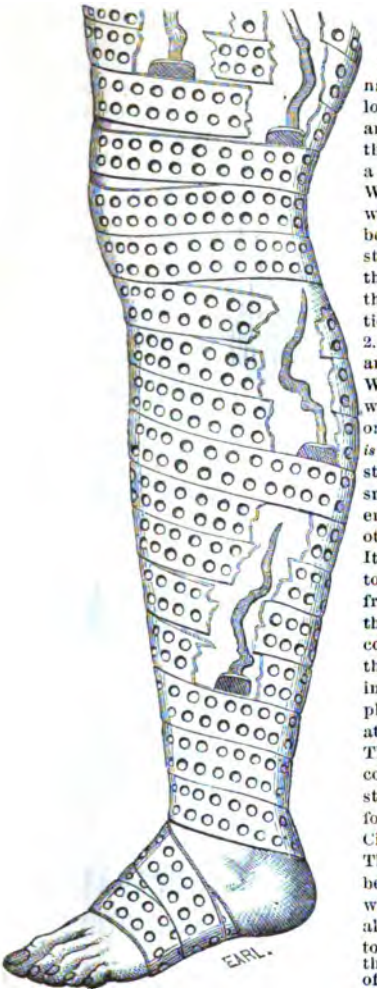

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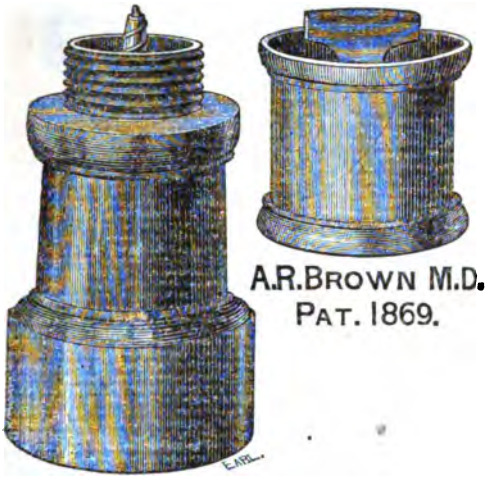

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ORIGINAL COMMUNICATIONS.

ART. XXVII.—*Chancre.* By A. JACKSON HOWE, M. D.

There are two kinds of contagious venereal ulcer,—the one is purely a local disorder disconnected with any poison which enters the circulation, and excites general syphilitic phenomena; the other is a sore which, though seemingly local, is merely an early phase of a series of manifestations beginning in contagion, and ending in constitutional syphilitic contamination. The first mentioned, commonly known as *soft* chancre needs no treatment except the destruction of the virus resident in the ulcer; the last, ordinarily denominated *hard* chancre, though the condition of hardness is not so characteristic as that of desquamation, may be cauterized and induced to heal with such agencies as effect the other variety of sore, yet, preceding the development of the ulcer, even simultaneous with inoculation, the syphilitic virus entered the system and began its constitutional career.

From statistical reports and estimates made by experienced observers in different countries and localities, it is demonstrated that in hospitals and public institutions far more than half of all cases presented for treatment are of the local or non-constitutional variety; while in private practice, which generally extends to a better class of patients, fully half of the cases are of genuine constitutional syphilis.

The same individual, except in rare instances, (as is the case with measles and small pox), is exempt from contracting the desquamating or hard chancre but once; while that form of the disease which is only manifested in the primitive sore, may be taken an unlimited number of times.

True syphilis, therefore, being limited to fresh, uncontaminated subjects, has not the opportunity or range to multiply

itself that is allowed to the local disease, which ever has an unrestricted number of susceptible victims.

The two kinds of venereal ulcer occasionally exist in the same individual, both kinds of virus being imparted to a non-infected person at the same time. This circumstance has contributed not a little to past confusion in regard to the *dual* doctrine.

Owing to complications and accidental variances which tend to make the distinctive characteristics of the two forms or varieties of primary venereal ulcers, it is not always easy to distinguish one kind of chancre from the other. It is essential, however, to make the distinction, if possible. If the time of the suspicious coitus or contact be known, the period which elapses from the contagion to the initial manifestation, will positively reveal the nature of the virus received. After the reception of true syphilitic poison, there is a season of incubation, lasting from ten to forty days.

The contagious principle of soft or simple chancre, when inoculated or received into a minute abrasion or breach of surface, begins at once its local career. The point of fixation reddens within twenty-four hours; on the second day a distinct areola is discoverable; on the third a vesicle appears; on the fourth the contents of the vesicle have become opaque or purulent, constituting a pustule; on the fifth the pustule, from accumulation of fluid, bursts, converting it into a little ulcer or chancre. The sore, thus developed, rarely extends, when first noticed, below the thickness of the skin or mucous membrane; its margins are circular, serrated and undermined; its floor is irregularly excavated, and covered with a plentiful secretion of moderately viscid pus. As the ulcer matures, its virulent character becomes manifest by destructive enlargement; its nature is revealed by rapid multiplication, which arises from consecutive inoculation, the poison of the original sore becoming transplanted into neighboring parts, and its base remains supple unless accidentally thickened by irritation or inflammatory action. A lymphatic inguinal trouble is a frequent occurrence, a single gland rapidly inflaming and passing into abscess or bubo. The purulent contents of the inguinal tumor, being often contagious, are likely to convert the edges of the opened bubo into a chancrous state, and may inoculate abraded parts exposed to its noxious influence.

The true syphilitic chancre—always solitary, or if multiple all the sores are of the same age—begins in a firm pimple, tubercle, or papule, which does not show itself until the infecting poison or ferment has been in the circulating system—the season of incubation—for ten days or more, generally twenty-five days. The tubercle or papule is indolent and of gristly hardness. In the progress of evolution it desquamates, and

undergoes erosion and ulceration. The edges of the sore are not undermined and ragged, but hard, smooth, and rounded. The secretion is generally scanty, and ichorous. The tissues immediately adjoining the ulcer constituting its base and its walls, generally take on a characteristic hardness, which gives it the name of *indurated* chancre. "It feels," says Bell, "as if a split pea or small acorn cup were inserted under the skin. Instead of having a red areola surrounding it, the sore has a pale anæmic, protuberant border which glistens like the tense edge of an indolent varicose ulcer of the leg. The location of the sore, condition of the patient, and other influences modify the typical form and character, so that, in some instances, the best observers might be in doubt in regard to the kind of chancre under inspection, until in a more advanced stage of the disease such symptoms appear as render the nature of the morbid principle unmistakable. True chancre is remarkable for the little pain and inconvenience attending its development. So slight is the disturbance, that some patients do not observe the initial lesion, and never suspect primary or general contamination until later manifestations excite their apprehensions. A gradual though painless enlargement of the whole group of lymphatic glands, which, however, rarely suppurate, is diagnostic of syphilitic invasion.

The simple chancre does not always exhibit the same typical peculiarities. Occasionally a sore of the soft variety assumes a gangrenous condition which is attended with rapid sloughing. This fearful complication, unless quickly and effectually checked, destroys the prepuce, the glans, and a considerable portion of the penis, or of the external genitalia of the female, in a few days. On account of its destructive ravages, it is called *phagedena*. An enfeebled state of the vital powers, and perhaps a peculiar mixture or combination of venereal poisons, are supposed to favor the sloughing or the phagedenic disintegration. Scrofulous subjects, ill-fed and overworked laborers, and the lowest class of prostitutes, being the most frequently attacked, it is reasonable to suppose that physical degradation invites a destructive state of ulceration.

Serpiginous erosion is a perverted or erratic form of soft or simple chancre which, instead of manifesting its disintegrating action in distinct circular ulcers, creeps about in various directions, generally excavating a superficial worm-eaten track, though occasionally burrowing to considerable depth, even penetrating from the under part of the glans to the urethra. It confines its attacks mostly to strumous and debilitated persons, and is quite liable to relapses.

Fissures and excoriations of a venereal nature, though distinct from the secondary manifestations of true syphilis, when met in the folds of the genitals and anus, are to be regarded as modified forms of soft chancre.

The true chancre has also its modified appearances and disguises. The knot or tubercle remaining in the cicatrix of a hard chancre, frequently degenerates into an ulcer which resembles the ulcerating papule of an original inoculation. Secondary ulcerations in certain regions, bearing many of the characteristics of initial lesions, are not always readily distinguishable without a history of the disease.

Ulcers upon the lips and tongue which are preceded by papules or nodules, appear very much like initial manifestations.

The discharge from a syphilitic sore, though readily communicable to a non-infected subject, will not inoculate the person from which it is taken, the system being already preoccupied with the poison. Soft chancre, on the contrary, can be reproduced on the individual from whom the virus is taken, for the disease being entirely local, there is no pre-occupation of the system. True syphilis, as has been stated, is constitutional from its inception, like variola and vaccinia. The virus enters the circulation, and unobserved undergoes certain fermentative changes before it is ready to develop the primary lesion or sore. This test, by inoculation, introduced by Ricord, would prove exceedingly valuable in doubtful cases, were it not demonstrable that a venereal sore sometimes mingles in its discharges both kinds of virus. A professed *unicist* uses this fact as an argument in favor of a single poison and a solitary disease. However, if the co-mingled secretions be introduced into a sound subject the two distinct diseases begin their definite careers,—the local disorder producing its ulcer at once, and the constitutional only after taking its long period of incubation.

The thin fluid of mucous tubercles and secondary excoriations, as well as the secretion of the primary ulcer, being the vehicles through which true syphilis finds its way from one individual to another, those parts of the body brought into intimate relation with diseased surfaces are necessarily attacked. However, the contagious element of chancre, like other animal poisons, to make effectual lodgment, must enter a breach of surface. Wet-nurses frequently take syphilis from the mouths of diseased infants. An infected nurse may impart the disease to the nursling; and the child in turn, to its mother, or to any woman applying contaminated lips to the susceptible nipple. Questions in jurisprudence, involving such cases, frequently arise.

Venereal ulcers being generally seated upon the genitals, the contagious principle is communicated from one individual to another by sexual intercourse. During copulation the erectile parts are frequently chafed or abraded to an extent favorable to inoculation. Kissing, and other acts of mutual dalliance are often followed by syphilitic contamination, when one of the parties is infected.

It has been shown by artificial inoculation, that the blood may contain syphilitic virus in a communicable form. The milk and the saliva, if unmixed with the secretions of tubercles, fissures, and ulcerative surfaces, probably do not contain sufficient poison to prove contagious. The semen is a secretion which in a syphilitic subject should be as free from contagious influence as the lacteal production, yet the point is not so easily demonstrated. Langston Parker is firmly convinced that the semen alone will communicate syphilis to a woman without rendering her pregnant.

The leucorrhœal discharges of prostitutes, who are rarely free from syphilitic taints, constitute a medium of transmission. At least, such discharges become contagious about the period of menstruation.

The frequent seat of chancre in the male is the frænum, the furrow behind the glans, and the edge of the prepuce. A venereal sore sometimes fixes itself upon the border of the meatus, and even creeps into the fossa navicularis. The skin of the penis is not exempt from chancre; and the scrotum, through consecutive inoculation, may be attacked. Females exposed to the contagion of syphilis, become inoculated in the folds at the entrance to the vagina. The labia majora, nymphæ, and fourchette are extremely liable to be attacked; and the clitoris, meatus, and os uteri stand next in the order of liability to assault. A primary sore upon one labium readily inoculates the opposite labial surface which rests against the ulcer; and then a chain of consecutive ulcers extends down on each side to the fourchette, constituting what has been graphically called the horse-shoe chancre. The folds of the anus not unfrequently become inoculated, and fissure-like chancres result.

Lymphatic Enlargement.—The lymphatic glands, after the inoculation of true syphilis, begin to enlarge almost as soon as induration commences at the point of contagion. If the primary lesion be near the middle line of the penis, where the lymphatic vessels diverge to either side, the glans of both groins undergo enlargement. Suppuration of the lymphatic glands rarely attends the action of true syphilitic invasion; but in strumous subjects, especially if there has been much irritation of the parts involved in the swelling, an abscess may supervene. In rare cases, even attending or following indurated chancre, the lymphatic enlargement may be so slight as to escape observation.

Bubo.—Simple chancre is followed by bubo in about the proportion of one case in three; and when an inguinal gland, poisoned from the primary ulcer, begins to inflame, the action is so violent that the tumor rarely fails to suppurate. If the swelling arise from irritation, and not from the absorption of virus, it is purely *sympathetic*, and its contents will not inocu-

late the edges of the wound made for its escape. Fortunately this is the most common variety of inguinal abscess. It does not differ essentially from lymphatic difficulties which occasionally attend gonorrœha, or sores upon the foot. These inguinal troubles seriously interfere with walking and ordinary avocations.

The *virulent* type of bubo comes from the absorbtion of poison from the local sore. The first gland on the route of the lymphatic vessels leading from the ulcer, becomes tender and swollen, and the inflammation extends to the surrounding tissues, the tumor assuming the form of an elongated ridge, and the engorged integument changes to a dark, purplish-red. In the course of a week or two the abscess matures; and whether it opens spontaneously or is artificially evacuated, the pus being highly contagious, is liable to inoculate the edges of the opening, converting what was a bubo into a vast chancre.

Treatment of Chancre.—From what has been said concerning the pathology of primary syphilis, it will be understood that soft chancre needs only local treatment; and that no scheme of prevention will obviate systemic contamination, if the virus of true syphilis has entered a breach of surface, or been brought within reach of the absorbents. Syphilis which developes indurated or desquamating primary sores, and secondary manifestations, such as copper-colored eruptions, ulcerations upon the tonsils, tongue, and lips, *is constitutional from the beginning*, the initial lesion being only one of its many phases.

It is the duty of surgeons, when a patient having a venereal difficulty presents himself for treatment, to ascertain, if possible, the kind of poison which has been received. In the majority of instances, the time elapsing between the suspicious contact and the development of an ulcer, the induration or suppleness of the parieties of the sore, the irritation attending its evolution, the lymphatic implication, previous contamination, consecutive inoculation, and other contingencies, are sufficiently marked in part, or as a whole, to determine the real character of the disease.

In doubtful and mixed cases, constitutional remedies should be prescribed and followed until it be ascertained that only the local disease is present.

Caustics.—The widest range has been given to experiment, for the purpose of obtaining the quickest, safest, and most efficient destroyers of the virus of chancre. The hot iron, potassa fusa, acid nitrate of mercury, carbolic acid, nitrate of silver, sulphate of copper, nitric, sulphuric, muriatic, and other mineral acids, and numerous escharotics of more or less potency, have been employed to destroy the poison and to change

the character of venereal sores. Vienna and lunar caustics deliquesce to an extent to render them unsafe. Sound surfaces subjected to the influence of these irritants, are rendered susceptible to the inoculotion of any virus that may remain undestroyed. A mild escharotic, the action of which is superficial, is worse than useless, for the virulent principle escaping destruction in the bottom of the ulcer, corrodes deeper and wider, and is ever ready to multiply the sores by consecutive inoculation.

Nitric acid, of concentrated strength, and applied with a pencil of wood to regulate the quantity employed, and to restrain the caustic action, is one of the best escharotics ever employed. However, this agent sometimes spends its caustic power before it reaches the deep parts of the chancre, and thereby proves unreliable. Ricord's carbo-sulphuric paste, made by using pulverized charcoal and sulphuric acid in proportions to form a mixture of pasty consistence, is an active and tolerably efficient escharotic, to destroy the virulence of chancres. The chloride of zinc paste is perhaps the best escharotic, taking all points into consideration, that ever has been used. It is slower in action than nitric acid, or the carbo-sulphuric paste, yet it penetrates to the bottom of a chancre and thoroughly destroys the virulence of the sore, and changes the nature of the ulcer. It may be made as follows:

℞ Chloride zinc, ʒii.
Pulv. Blood-root, grs. vi.
" Acacia, grs. iv. M. using a few drops of water to form a paste. With the point of a stick this may be applied to each and every chancre. If any wastes, or spreads upon the adjoining sound surfaces, it may be wiped off with lint, though it will not readily attack sound parts. The sores for a day or two may be dressed with lint until the slough caused by the escharotic comes away, then they may be wetted several times a day, with the following lotion:

℞ Water, fʒii.
Chloride of zinc, grs. iii.
Muriatic acid, gtts. ii. M.
S. For external use.

Instead of the zinc lotion, powdered bismuth, or prepared chalk, may be applied to the sores every six or eight hours. Greasy applications, it is found by experience, should be avoided.

Chancres should be examined every two or three days to see if the healing or the ulcerative process be going on; and to ascertain if a new crop of sores are starting from consecutive inoculation.

A phymosis caused by ulcers upon the edge of the prepuce, and concealing other sores behind the corona glandis which demand treatment, can for the time be overcome by placing the patient under the influence of chloroform. The patient

being made insensible, the prepuce can be retracted, the chancres cauterized and dressed with lint, and the foreskin returned before the anæsthetic passes off. The parts under the prepuce can, by the aid of a syringe, be washed several times a day, the zinc lotion being a good cleansing fluid.

Local chancres can generally be made to heal in from ten to twenty days. Some patients have such obstinate chancres that they can not be made to heal for months. Probably the health and strength of the sufferer have an influence upon the reparative process. Enfeebled subjects need iron and bitter tonics to arouse the digestive powers and to promote nutrition.

Phagedenic ulceration is to be vigorously attacked every day with the zinc paste and lotion, until the sloughing is arrested. A stimulating and nutritious diet is thought to promote a healthy action in the ulcer after the destroying virus is overcome. Phagedenic ulcerations of the scrotum and loose parts about the genitalia, are sometimes favorably impressed by the action of weak solutions of chlorinated soda, permanganate of potash, and carbolic acid. Serpiginous ulcerations may be cauterized at first, then dressed with weak chlorinated washes, or mild mercurial cerates.

Syphilitic ulcers of the anal folds need careful cauterizations with a spatula of wood which has been dipped in nitric acid. Afterwards a pledget of lint soaked in glycerine, in which there have been mixed a few drops of muriated tincture of iron, is a very suitable dressing.

An ulcer of the fossa navicularis can be exposed for treatment by using as dilators of the meatus, a couple of hair-pins bent in the middle at right angles, and having their free ends inserted into vial corks for handles. Once brought into view an ulcer in that location can be treated the same as if it were on external parts.

Management of Bubo.—As soon as the inguinal glands begin to enlarge, from the influence of true syphilis, iodine ointment may be applied to them twice a day. This will not reduce the swellings at once, but the iodine tends to check further enlargement, and assists in a reduction when the force of the disease has spent itself, or it has been subdued with internal treatment. In the event of great irritation and threatened suppuration, anodynes, fomentations, and poultices, with rest and the reclining attitude, should be prescribed. If an abscess forms, its contents may be evacuated as soon as practicable. Swelling of the inguinal glands from syphilitic infection, is often so slow and uncertain in regard to resolution or suppuration, that hasty opinions in regard to this phase of the disease, should not be ventured. When several glands have been inflamed, and the inflammatory action begins to subside, often a soft yielding spot between the glands feels so

much like a purulent accumulation, that the most experienced surgeons have been induced to plunge in a lancet or bistoury where there was no pus to be evacuated. The fact that the lymphatic enlargements of true syphilis rarely suppurate, calls for satisfactory evidence of purulent collection before the knife is used for evacuation.

Inguinal enlargements arising from the direct influence of soft chancre, should be managed with much discretion. On the first appearance of pain and swelling in the groin, as much rest as practicable should be enjoined, and the irritated parts often wetted with laudanum or the tincture of aconite root. If these means fail to arrest the inflammatory action, as they will be likely to do, unless the bubo be of sympathetic origin, warmth and moisture in the form of a poultice, or other device embracing the same qualities, should be employed to favor a suppurative termination. Mercurial inunctions, commonly recommended, rarely avail anything either in discussing the tumor or modifying the result.

If there has been absorption of the virus from the primary ulcer, an abscess is almost certain to form, therefore, the quicker the bubo matures the better. If methodical pressure could be borne in the earlier stages of the inguinal swelling, the progress of the bubo might in some instances be checked. A truss pad attached to a moderately pressing spring, might be worn on the swelling. A firm cushion secured by a bandage around the hips and the thigh of the afflicted side, may be made to accomplish the same end.

After the abscess matures it may be opened with a bistoury, and its cavity cauterized with the chloride of zinc paste to destroy the virulent character of the secretion. The inguinal ulcer is then to be washed several times a day with the zinc lotion recommended to favor the healing of chancre. Pledgets of lint to shield the parts and to absorb the secretions, may be held in contact with the sore by means of adhesive strips, or tapes extending around the hips and thigh. Sinuses, or projecting borders of skin, which being undermined, having the practical effect of a sinus, are to be destroyed by incisions and cauterizations. Indurated cicatrices following the tedious healing process, are to be subjected for weeks or months to the influence of iodine ointment.

In the management of bubo arising from soft chancre, no internal remedies are necessarily required, although the general disturbance often dependent upon a local effect, may demand attention. Iron and bark, and mineral acids, may be given to promote digestion, and to obviate rigors, sweats, diarrhœa, and other concomitants of vital depression.

The local treatment for desquamating or indurated chancre, and lymphatic complications depending directly upon it, need not be essentially different from that recommended for simple

chancre and its inguinal complications. But true chancre being one of the phases of a disease which is constitutional from the moment of inoculation, it must be pursued with anti-syphilitic medicines until there is no longer evidence of a taint in the system.

The virus of syphilis enters the blood as quickly as the vaccine poison does when it is pricked into the arm; and the morbid process is akin to that of the vaccine disease. Syphilis as well as vaccinia produces a sore at the point of entrance or inoculation, yet not until there has been a season of systemic invasion, called the period of incubation. If the entire fluids of the body be reached by the virus of either disease, the susceptibility to a second attack is destroyed, at least in most instances. The career of syphilis differs from vaccinia, or variola in one important particular: Syphilis requires years for its complete evolution, while the diseases just mentioned consume only a few weeks in undergoing their rise, maturity and decline.

When true syphilis is once implanted in the system, and only a few minutes are necessary to irretrievable inoculation, no kind of wash and no prophylactic scheme, will prevent general infection. The early, persistent, and judicious employment of nutriment and medicines which aid digestion, favor assimilation, and keep open and unobstructed the lymphatic channels, must do much towards ameliorating the morbid processes, which in their evolution are subject to laws akin to those governing other diseases. No medicines have yet been discovered which avert typhus, variola, roseola, and scarlatina, for these diseases have phases of rise and decline that may be modified, but not actually thwarted. By judicious medication and management, their worst tendencies can be averted, and their career abridged. Although syphilis can not at once be wholly arrested in its morbid course, many of its most disagreeable features may be prevented, and its destructive tendencies modified and overcome.

ART. XXVIII.—*Epilepsy.* By W. G. BRUCE, M. D., Cynthiana.

Epilepsy is a disease as old as medicine itself—older perhaps. It has been treated upon by all the ancient authors. We learn from the account of the disease given by Aretæus, that it was regarded, on account of the suddenness with which it attacked the patient, to be of supernatural origin. There is, perhaps, no one disease about which so much has been written and said, to so little purpose. With all the assistance they have derived from the writings of the ancients, upon this subject, the moderns have utterly failed to adduce anything more than worthless hypothesis relative to the true pathology and treatment of this distressing complaint. With all that we know of Epilep-

sy, our treatment of it is almost entirely empirical. This has been a necessity, and will continue so to be as long as the profession shall remain in its present ignorance of the seat, nature, and cause of the disease. Who shall be the Galeh to give us correct information in regard to these particular points respecting epilepsy? Whoever may be able to give the true philosophy of this disease will establish for himself a name and a fame which shall be transmitted to the latest posterity, and which shall ever be remembered with the warmest emotions of gratitude! Who will enter the list for this coveted honor? Let us have a series of essays upon epilepsy. Let every medical practitioner contribute to some one of the medical journals he takes, a full and accurate account of his experience in the management of the disease. Let us have a clear and succinct account of all he has observed relative to the phenomena of the malady, and in regard to what remedies he has found most efficient. In this way—putting this observer's and that observer's experience together, may we arrive at more truth relative to this still obscure and perplexing disease. Let us have *honest and reliable* articles upon this subject. Some of the things we find written in medical journals are not unfrequently absurd, and can not possibly result from actual experience, or thorough research. This is shameful—it is wicked and malicious. Many less observing practitioners, who depend much upon what they see written in books and periodicals, are liable to allow themselves to be governed at times by what such writers have pompously spread through the prints, to the very great detriment of the unfortunate ones who may be under their care. The other day, a country physician, residing in the vicinity of this city, related to me a case of what he termed *apoplectic epilepsy*. This patient fell into his hands in this wise: A neighboring physician was in attendance, but the patient being a neighbor and brother in the church of our informant, he thought, upon hearing of his illness, that he would make him a *friendly call!* During the time he was there, (fortunately for the patient) the attending physician came in, and upon informal consultation, which ensued, to the utter surprise of our informant, his worthy brother-chip frankly owned up, and that too, right in the presence of the patient and his family, that he was ready to confess his utter ignorance of the precise nature and seat of the disease. The consequence of this ignorance was, that the confessor of it was at once discharged, and our informant, who had wisely given the pathology of the difficulty, and, with equal eagerness, located its seat in the *pons varolii*, was retained in the case, which, he said to me, at once yielded to his treatment, which consisted of the fluid extracts of Cimicifuga and Valerian, and the Bromide of Potassium! Wonderful! A man of most extraordinary talents and acquirements! Well, now it is from the

reports of such gas-bags we would free our literature. Why these fellows write, or tell such stories, is very strange. It betrays ignorance of the fact that a medical falsehood, like any other, always carries the *lie* upon the face of it.

I must confess that in the treatment of epilepsy I have never been satisfactorily successful. I have found *bleeding* and the dashing of *cold water* into the patient's face, during the paroxysm, to be a pernicious practice. All I have ever been able to do, during the paroxysm, that seems to be of any service, was to administer *anti-spasmodics*. By means of this class of agents I think I have succeeded in cutting short the "fit." Of all other anti-spasmodics, in this disease, I prefer chloroform. It acts quickest and most effectually. In the absence of this potent article I administer, and see that it is retained in the rectum, Lobelia enematæ. Enemas of Asafœtida and Camphor, added to which is a small quantity of Oleum Ricini, have been recommended when there is but little determination to the head; and in case this symptom be present, it is advised that enemas of Oleum Terebinthinæ in Mucilage be given. It is said, I have never tried it, that in case the *epileptic aura* is known to proceed from a limb, a ligature around it will prevent a paroxysm. But it is thought that if, after having made use of the ligature a number of times, it is left off, "there is great danger of a fatal accession." Cases have been adduced by Dr. Graves, and others, where such a termination has seemed to result from such use of the ligature.

It is not an easy task for a writer to prescribe what precise course should be pursued in the way of *interval treatment* in epilepsy. This can be judged of only by the attending physician, or him who knows all about the habits of the patient, and who knows just what the general health of the patient is, and has been for months and years prior to the appearance of the first fit. It is an observed fact, that the disease rarely ever attacks a person of a perfectly sound constitution. The physician may be called upon to give tonics, cathartics, emetics, baths, etc. I have used blisters, applied the entire length of the spine, which have seemed to mitigate the disease. Moxas I have never used, but have no doubt they would have about the same influence as the blisters. I have several times given the Acetate of Potassa with marked advantage. As to the *modus operandi* of this agent, in epilepsy, I confess my ignorance. All I know is that I have given it during the intervals between the paroxysms, and so long as it has been faithfully taken, the fits have not appeared so often. I always have given medicines to increase the tone and healthful activity of the digestive apparatus, consisting of mild cholagogues, the bitter tonics, etc. Nervines are sometimes demanded; in such cases I have, in most instances, found the Tincture of Hyoscyamus to answer well. I have never found the Oxide of Zinc to be of a particle of value in epilepsy.

Dr. Pidduck considers epilepsy, from the periodical recurrence of its fits, a sudden explosion of nervous energy—that this accumulation goes on for a definite time, in the brain and spinal cord, till at length an explosion ensues upon the muscles of voluntary motion, which are thrown into violent action, and by this means the accumulation is exhausted. This explosion is followed by languor, and frequently by a state of coma, or prolonged sleep—indubitable signs of exhausted nervous energy.

According to Dr. Pidduck's experience, there are two modes of preventing this gradual accumulation and sudden explosion of nervous energy, constituting the fits of epilepsy—to wit: the *natural* and the *artificial*. The latter is by the use of those medicinal agents which keep a constant involuntary action of the voluntary muscles, such as Strychnia, internally, and Electro-Galvanism, externally. The former mode is by the constant exercise of the voluntary muscles. By these means the recurrence of the fits are deferred to an almost indefinite period. To the artificial mode there must, of course, be a limit, but not to the natural. By cold effusion over the head daily, to diminish its heat, and by the administration of Strychnia, so as to induce a decided twitching of the muscles, the fits, of monthly, weekly, daily, and hourly recurrence, have been deferred for several months, and the same favorable result has been obtained by Electro-Galvanism.

But, let it be remembered that, in Dr. Pidduck's experience, the most permanent benefit was derived from the natural method, which he avers is the safest and the best. To illustrate the potency of this natural method, he instances the well-known cases of Julius Cæsar, the Emperor Napoleon, and the Duke of Wellington. It was in the later periods of their lives, after their active career was ended, that these giants of nervous energy became the subjects of epilepsy. In the case of Wellington, the Dr. is confident that by the well-known temperance of his living, the activity and simplicity of his habits, the multiplicity of his avocations, and the hardihood of his amusements and pursuits, the recurrence of the fits was prevented.

[Having advised Strychnia as a remedy in epilepsy, Dr. Pidduck very pertinently suggests, as a safeguard against its poisonous operation in an overdose, that *Camphor*, in his experience, is the appropriate antidote. He says that Camphor, in five grain doses, dissolved in Mucilage, puts a stop to the tetanic spasms, and gives time for the action of the stomach-pump or emetics, if there is reason to believe that any of the poison is retained.]

I should really like to see published in the columns of this Journal, a series of papers upon (1) the pathology of epilepsy, (2) the cause of epilepsy, (3) the seat of epilepsy, (4) the best mode of treatment for epilepsy. Two or three or more arti-

cles from different writers, upon each of these heads of the subject, would be very interesting, and no doubt would be a valuable addition to our medical literature. It is a momentous subject, and should be handled earnestly and candidly. Only consider how common the disease is, and how little we know of its nature, cause and treatment. The following statement, which we find in Copland's Dictionary, must be startling to the physician who has not a correct appreciation of how little man knows of this distressing malady. He says: "One hundred and fifty quarto pages of Henneri's *Analecta Literavia Epilepsiam Spectantia* published in 1798, are filled with the remedies for epilepsy; and the experience of forty-six years has added largely to their number, and yet there are not a half dozen of the whole that are worthy of any confidence."

With all the knowledge and medical philosophy that has been given the world from the days of Hippocrates, to the present, how little we know!

ART. XXIX.—*Lupulin in Mennorrhagia and Leucorrhœa.* By W. H. BARKER, M. D., Hartsville, Ind.

There is probably no disease which so completely and continually baffles the skill of the physician as those at the head of this article, and as success has attended me in the use of the above named remedy, it will give me pleasure to have a few cases recorded in your Journal.

CASE 1. During last summer a lady applied to me with menorrhagia; said she had not been regular for about four years; menstruating every fourteen days for five or six days, thus being free from the discharge but fifteen days in twenty-eight.

Prescribed ℞ Lupulin, Cit. Iron, aa. gr. xv., to be given three times daily. Saw her in five or six days after; said discharge ceased the next day after commencing medicine. Prescribed as above; directed her to begin medicine a few days before she expected a return of menses. Saw her ten days after; had all symptoms of menses but no discharge. Continued the above treatment off and on, as case required, for ten weeks. Has had no return of disease since.

CASE 2, Oct. 10. Was called to see Mrs. H., with leucorrhœa. Said she had aborted about five weeks previous to calling me, (in third month of preg.,) and had been wasting very much since; was very much reduced; gave ℞ Lupulin, Cit. Iron, aa. gr. ij. three times daily. Oct. 14, discharge almost ceased. Gave ℞ Lupulin, Cit. Iron, Quinia, aa gr. j., three times daily. Oct. 20. No discharge since Oct. 15; continued Quinia and Iron a few days. Discharged.

CASE 3, Jan. 21. Was called to see Mrs. A. Said she was in her fifth month of preg.; was turning a feather bed; began flooding very bad. Gave her Tinct. Hops, Tinct. Opii Camphorata, aa. ℥ss., M.; half teaspoonful every three hours until discharge ceased.

Jan. 22. No discharge; medicine discontinued.

Jan. 24. Discharge commenced again. Prescribed as above.

Jan. 25. Discharge ceased; medicine discontinued; patient doing well since. I would just state that in connection with the above treatment, applied the usual domestic remedies, such as sponging, applying napkins to vulva, etc., etc.

ART. XXX. *Office Pharmacy.* By JOSEPH ADOLPHUS, A. M., M. D., Logansport, Indiana.

Uterine diseases of a functional character, such as dysmenorrhœa, amenorrhœa and menorrhagia are often difficult to manage, and one particular reason is the want of perseverance in the physician and his lack of control over his patient. This class of diseases is universally controlled by the following, so far as my limited experience goes: ℞ Pulv. Radix Macrotis, Pulv. Radix Aletris, Pulv. Radix Helonias, *aa*; well mixed, and from 20 to 40 or 60 grs. given three times a day; and where there is great uterine engorgement the bromide pott. in pretty large doses in conjunction—℞ Bromide Pot., ℥ss; water, ℥iv; from 1 to 3 teaspoonfuls at a dose repeated at intervals of from one to three hours.

I have seen the worst cases of such functional derangements yield to the above treatment. But it must be persisted in.

A very excellent prescription in my hands for anemic children and chlorotic girls who have cold feet, tumid abdomens, irregular appetites and some occasional chills, is the following: ℞ Ferri Phos. Pyro., ℥ij; Quin. Sulph., ℥ij; Acid Hydro Chlor., qs; water, qs: dissolve the quinia in as little water and acid as possible, and the iron separately in as small a quantity of warm water as practicable; then mix both and add syrup, ℥iv and sol. strych, ℥iss; teaspoonful 3 or 4 times a day. Iodine can be dissolved in a solution of sulphite of soda, and be decolorized also. In this form the iodine makes a capital agent for all glandular enlargements used internally or externally: ℞ Iodine, (Crystals) ℥i; Sulphite Soda, ℥iss; water, (soft) ℥vi: for internal use, a teaspoonful 3 times a day; for external application, ℥ij to ℥viii of water.

An ointment may be made with the iodine and sulphite of soda in like proportions, the material must be well triturated in a mortar, and then rubbed up with lard, ℥i. This has the advantage of not staining and of being more active than the iodine alone.

I have found in my practice that digitalis and strychnine make one of those admirably grand combinations that physicians really love because they give such prompt and pleasing results. In all cases when the circulation is weak, or when there is a deficiency in the vasa motor power, or when we find capillary circulation defective and œdema present; when we find that the eliminating power is below par—in all such cases we have in the above combination an excellent remedy. But all digitalis is not digitalis, more than three-fourths of the fluid extracts and tinctures are made of worthless stock. I advise all physicians to make their own tinctures by obtaining the fresh leaves that have not been exposed to the light, putting four ounces of leaves to the pint of diluted alcohol; of this from 1 to 10 drops is a dose. I prefer to give both strychnine and digitalis in very small doses, frequently repeated, thus: ℞ Tinct. Digitalis, Sol. Strych., *aa*, ʒss; water, ʒvi; teaspoonful every hour or two.

The above combination is one of the greatest stimulants to the molecular life forces we have. I have seen it do wonders in the early stage of Bright's disease, and several forms of cardiac affections, especially when there is weakness of the heart tissue and action. I have seen patients made to pass two gallons in the twenty-four hours, on whom all the diuretics in the books were taken in and outside in vain.

The pillulæ rhei compositæ U. S. P. is my favorite aperient for females; to this I add iron or quinia, as the case seems to demand. I do not think we have a better pill, especially for young persons. ℞ Sol. Strych., ʒiv; Sat. Tr. Ptelia, ʒij; Sulphite Soda, ʒiiss; water, Oj., ft., mist. The above is a prized formala with me in dyspepsia, attended with eructations and gastric fermentations.

When the secretions are acid I add soda bicarb., ʒiss to the mixture; order from ʒij to ʒss every 3 or 6 hours. I sometimes add instead of water, a decoction of quassia. This adds to the tonic power. Sulphite of soda is a far more valuable remedial agent than is generally supposed. I have seen it cure dyspepsia; not only those cases where there are sarcina ventriculi present, but in nearly all cases attended with chemical changes of food in the prima viæ, and in those cases also that seem to be purely functional.

I have used it as an injection in gonorrhœa with happy results, also as an aperient in constipation it is a success.

Quinia a Preventive of Cholera.—A German writer urges the use of sulphate of quinia as an effectual protective from cholera. He gives two grains every hour till twenty-four grains have been taken, and afterwards two grains three times a day for three weeks, and then two grains twice a day as long as the epidemic lasts.

ART. XXXI,—*The Medical Man.*—BY PROF. H. C. FRENCH M.D. Chicago.

[We rarely publish rhyme in our Journal, but give this a place as the first contribution of the writer.]

The usher that guides every soul that arrives
From the realms of gestation, and uterine gloom;
Through the perilous tract of the pelvic descent,
Is the usher of death, or the usher of *lives*,
And he bears in his hand, or a joy, or a ban,
And the umpire of fate is the medical man.

Through the colics and spasms of infancy on,
And the teethings and croups that to children belong;
Through the perils of youth and of age:
To the rescue, at mid-night or mid-day has gone,
Tho' weary with toil, and with sleeplessness wan,
The Doctor, with healing, the medical man.

The fate of a soul on a word may depend,
And that word on the beat of a heart,
And that throb of the heart on relief of a brain;
And in anguish 'tis asked, can human skill lend,
The aid that will rescue a brain? Yes, it can,
And a savior is found in the medical man.

The national weal, or the national woe,
May hang on the thread of one faltering life:
Nor the eloquent words, of the statesman, or priest,
Avail to restore the sanguineous flow:
The life of the land in those arteries ran,
And that life is restored by the medical man.

The lawyers may flourish their gold-headed canes,
And the priests sport their vestures in vain;
The lords of the quill spread their flattery thick,
And the merchants dilate on their gains.
With commendable judgment, (wherever they can,)
The ladies will tie to a medical man.

The pleasures of health are the rarest of earth,
And the richest of boons by the maker bestowed:
Disease is a bitter, ubiquitous foe,
The thief of delight, and the grave of *all* mirth;
But pain skulks away, and health leads the van,
Neath the magical wand of the Eclectic man.

There's the watercure man, and the little pill man,
The man of the saccharine nothings (you know,)
The man of the mercury, jalap and lance,
Who goes for reformers whenever he can;
But the people "cant see" the mercurial plan,
And their green backs are showered on the Eclectic man.
If true to himself, and true to his plan,
Fortune ne'er will go back on the Eclectic man.

Liquor Calcis in Albuminuria:—A German practitioner recommends lime water as a diuretic in acute Bright's Disease and general anasarca. He used it with success in one case, the urine gradually increasing, the albumen diminishing, and the tube casts increasing.

PERISCOPE.

Varicocele.—The most simple and effectual mode of operating upon Varicocele is the one in use by Dr. Wm. Tod Helmuth. It consists, after finding the artery, in pushing up the vas deferens with the forefinger of the left hand against the ramus of the pubis, the patient being seated on the edge of a chair. Then a large needle with a sharp point, and large eye, double threaded with well waxed cord, is passed into the scrotum behind the bundle of veins, while the left hand is holding the scrotum with the artery and vas deferens separated from the veins and protected between the thumb and forefinger. The needle is passed between the veins and the vas deferens and artery, and brought out in front. The needle is then unthreaded, leaving a loop projecting from the puncture and of course a double ligature behind the bundle of veins. The needle is then ensered into the same opening as before, but passed in front, instead of behind, the veins, and just beneath the scrotal skin, bringing it out at the puncture from which the loop of the ligature is projecting. The loop is placed over the end of the needle and the free ends of the cord drawn and tied over the shaft of the needle, but not tight enough to cause immediate strangulation. The cord in the course of two or three days is tightened to entire strangulation, causing obliteration of the veins sufficient to cure the case. The operation is certainly an excellent one, and seems to meet every occasion equally as well, if not better, than the long longitudinal incision and mode of ligation adopted by Dr. J. Mason Warren. His mode consists in firmly tying ligatures both above and below the mass of enlarged veins, including between them as much of the diseased tissue as possible, and thus strangulating them at once and allowing them to recede back into the long wound which he is obliged to make in order to accomplish the double ligation. This incision we regard as a serious objection to this operation.—*Am. Homœp. Observer.*

Petroleum in Exuberant Granulations.

Sometime since while treating a severe burn, great trouble arose from the exuberant and very sensitive granulations so common in this affection. My patient, a young man, had been severely burned about the face and neck and upon both hands and forearms Under the application of distilled extract of witch hazel, (which is always the best application to burns before the suppurative stage), and Calendula water after suppuration began, every part of the burned surface healed very kindly with the exception of the back of one hand. Here and there upon the hand arose bunches of pale and un-

healthy granulations to the height of a quarter of an inch. They were exquisitsly sensitive, and resisted all manner of treatment. After a careful study of the materia medica, Petroleum seemed to be the suitable remedy. Accordingly an application was ordered consisting of a mixture of olive and kerosene oils in equal parts. The effect was immediate and very peculiar. The cuticle seemed to grow up over the protuberances, and then at the base of each appeared a crevice, which gradually enlarged till each prominence dropped off, leaving a perfectly smooth and healthy surface of cuticle beneath. No recurrence of the granulations took place. This patient had always been afflicted with try tetter. *Query*—Are not similar occurrences, which are so often met in surgical practice, owing to a dartrous diathesis?

Twice since the above experiment I have made a similar prescription. Once for a horse, and once for an infant with ulcerated umbilicus. The result was the same. W. S. S. —*Am. Hom. Ob.*

Sambucus Ebulis in Dropsical Affections.

I have been in the habit of using this remedy empirically for the past seventeen years, and if any remedy deserves a careful proving, it is this; for none, so far as my experience extends, can compare with it in the treatment of anasarca, ascites, hydrothorax and similar affections.

Permit me to recite the following case:

M. P., aged 64, male, was first attacked by hydrothorax, and was under the care of allopathic advisers. Growing worse, I was summoned, and found him very low. The chest was nearly filled with water; the limbs enormously swollen; pulse almost imperceptible; sallow countenance, and the eyes indicating very great suffering and anxiety. Having called counsel, both gave the opinion that my patient could not live the day out; acquainting the relatives with this decision, I proceeded to do what I could for him; I first gave Sulphuric ether in water every fifteen minutes, till the pulse was more distinct, and then administered a few drops of the tincture of Sambucus ebulis every hour; in about forty-eight hours the urine began to pass rapidly, and in eight or nine hours four gallons were excreted. The bloating gradually went down, and under a continued use of the remedy, the patient entirely recovered.—*Am. Hom. Ob.*

The Relation of Food to Work Done in the Body. By Rev. Dr. S. Haughton, F. R. S.

About two years ago Drs. Fisk and Wislicenus of Zurich, published an article in the Philosophical Magazine, founded upon an examination of the urine secreted during an ascent of

a mountain. This paper proved that the force due to the urea excreted in a given time is not sufficient to provide the actual work that may be done by the muscles in the same time.

Liebeg and his followers, misled by a preconception of the simplicity of nature, assigned to nitrogenous food the duty of providing the force necessary for the production of muscular work, by supplying the waste of muscular tissue; while they supposed farinaceous and fatty foods to provide the amount of animal heat required by the body.

The opponents of Liebig have fallen into the opposite error and deny that nitrogenous food contributes any portion of the force employed in muscular work.

The truth, as is usual, lies between the two extreme hypotheses, and we are now compelled to admit that a given development of force, expressed in animal heat, muscular work, and mental exertion, may be the effect of several, perhaps many, supposable supplies of digested food, farinaceous, saccharine, fatty and albuminous.

Just as a given algebraical function may be equated to a given constant, by the use of a certain definite number of values of its variable quantity, so may a given effect of work in the animal body be produced by certain definite, though very different, combinations of various kinds of food, the digestion of which follows each its own law, and develops its own amount of force. The number of roots in our equation of life increases the difficulty of solving it, but by no means permits the acceptance of the lazy assumption that it is altogether insoluble, or reduces a sagacious guess to the level of the prophecy of a quack.

Lavoisier supposed in his earlier investigations, that animal heat was developed by the combustion of carbon and hydrogen in the lungs, just as in earlier times it was supposed to be produced spontaneously in the heart, which was imagined to be so hot as even to burn the hand that should imprudently venture to touch it.

In like manner, Liebeg and his followers supposed the muscular work to be developed in the substance itself of the muscles that were its instruments.

Both of these doctrines are now justly repudiated by physiologists, and the view proposed in 1845 by Dr. Mayer, of Heilbronn, and recently developed with much ability by Mr. C. W. Heaton, of Charing Cross Hospital, in the Philosophical Magazine for May, 1867, that the blood itself is the seat of all the chemical changes that develop force in the body, has gained favor among physiological chemists, and also met with acceptance among practical clinical observers.

Thus the human mind revolves in cycles, and the physicians of the nineteenth century are preparing to sit at the feet of Moses and learn that the blood of an animal really consti-

tutes its life, while South African theologians reject his authority, because he happened to confound a Rodent with a Ruminant.

No two classes of animals can well differ more from each other than the cats and ruminants, one of which is intended by nature to eat the other. They differ in all respects as to food, the cats requiring a supply of fresh meat and blood for their health, and the ruminants being exclusively vegetable feeders; yet in both classes we find a great development of muscular power and of rapid action of the muscles, qualities alike necessary to the pursuer and the pursued. There can be no doubt that muscular work is developed in the cats from the combustion of flesh, and in the ruminants mainly, if not exclusively, from farinaceous food. It is, however, worthy of remark that the muscular qualities developed by the two kinds of food differ considerably from each other. The hunted deer will outrun the leopard in a fair and open chase, because the work supplied to its muscles by the vegetable food is capable of being given out continuously for a long period of time; but in a sudden rush at a near distance the leopard will infallibly overtake the deer, because its flesh food stores up in the blood a reserve of force capable of being given out instantaneously in the form of exceedingly rapid muscular action.

In conformity with this principle, we find among ourselves an instinctive preference given to farinaceous and fatty foods, or to nitrogenous foods, according as our occupation require a steady, long-continued, slow labor, or the exercise of sudden bursts of muscular labor, continued for short periods. Thus, chamois hunters setting out for several days' chase, provide themselves with bacon, fat and sugar; the Lancashire laborers use flour and fat, in the form of apple dumplings; while the Red Indian of North America, almost transforms himself into a carnivore, by the exclusive use of flesh food; he sleeps as long, and can fast as long, as the puma or jaguar; and possesses, stored up in his blood, a reserve of force which enables him, like a cat, to hold his muscles for hours in a rigid posture, or to spring upon his prey, like a leopard leaping from a tree upon the back of an antelope.—*Med. Times & Gazette.*

Errors in Diagnosis of Rheumatism. By Dr. S. O. Habershon.

Many maladies are designated rheumatic which have no connection with that disease.

1. Diseases of the spine are often said to commence with an attack of rheumatism; but it will generally be found that the pain in the course of the nerves or in the fibrous tissues, arises from direct implication of the nerves or of their centres.

2. The same remark applies to pain produced by the pressure of *cancerous, aneurismal* or other tumors. Thus cancer-

ous disease of the lumbar glands is often mistaken for lumbago; so also the pain from aneurismal disease of the thoracic and abdominal aorta, when no pulsating tumor can be detected, is referred to rheumatism.

3. During the course of *renal disease*, abnormal irritation arises not only in the serous membranes, producing pericarditis, pleurisy, peritonitis, &c., but a similar change happens with the synovial membranes, and a form of disease is induced which simulates rheumatism.

4. In chronic poisoning by *lead*, vague pains in the fascia, as well as in the joints, have been designated "saturnine arthralgia."

5. We have already referred to *periosteal disease* as a source of fallacy in the diagnosis of rheumatism.

6. *Shingles* or *herpes zoster* may be found in the course both of the cerebral and spinal nerves; and the severe pain which precedes the eruption of the vesicles, and which also follows their disappearance, closely simulates local rheumatism.

7. A more important disease, and one which is attended with fatal issue, is *pyæmia*. It closely resembles rheumatism; for, with rigor and febrile symptoms, there is fixed pain and swelling in the joints—first one, and then another, being affected, though without subsidence of those parts first attacked. But, while there may be some similarity in the symptoms, the prognosis is widely different. The one is generally a curable disease; the other, a fatal one.

Removal of Cancer by Caustic Arrows. By Dr. J. R. Wolf.

The advantages of this mode of treatment appear, as far as two cases prove anything, to be the following.

1. It is painless. Patients walked about the wards as if nothing had been done, and complained of no feeling of pain or discomfort whatever.

2. The tumor is completely eradicated; and, under the action of the antiseptic, which acts in the first instance, as a caustic to the diseased tissue, healthy granulations are produced, which completely fill the gap, and leave little or no trace of a cicatrix.

This method appears exceedingly valuable for removing tumors from regions where no skin can be obtained from the neighborhood; and is also applicable to erectile tumors, nævi, cancer of the breast, &c., occurring in patients, places, or seasons of the year, when the use of the knife is to be dreaded.

On my mentioning the result of my cases to Prof. Gosselin, he told me that for the last few years he had rarely used the knife for the removal of cancer of the breast in the Hopital la Pitie, but regularly resorts to the use of caustic arrows. The result is, that he does not now meet with cases of erysipelas

which used to be very common in his wards. He showed me several cases under treatment; but they were not sufficiently far advanced to enable me to judge of the appearance of the cicatrices, or to decide how much of the beautiful result above detailed is due to the carbolic acid, and how much to the arrows; in short, to determine whether the same result might not be obtained by the use of the knife and carbolic acid.

The arrows employed I obtained from the Pharmacien of Hotel Dieu, Paris, who prepares them by dissolving chloride of zinc in a little water, making a saturated solution, and mixing it with sufficient starch to make a stiff paste, which is rolled into a thin cake, cut into shape, and dried at 212° Fahr. Although elsewhere I have claimed priority in the use in this country of carbolic acid, as a dressing for wounds, yet I by no means wish to undervalue the great service rendered by Prof. Lister to surgery in the systematic employment of it. Having seen its employment in Prof. Lister's wards in the Glasgow Infirmary, I may be allowed to bear testimony to the skill, care, and originality, with which his experiments have been carried out.—*British Med. Jour.*

Caustic Arrows. By Mr. Weeden Cooke.

The chloride of zinc, being a highly deliquescent salt, requires scarcely more than exposure to the air to render it liquid; at least a very few drops of water will quickly produce this effect. The lint is thoroughly soaked with this liquid, and hung up for a short time. It does not dry so completely as the iron or blue lint, owing to the deliquescence of the zinc. It preserves its active properties for weeks, if kept in a wooden or pasteboard box, such as a seidlitz-powder box. An old pair of scissors should be kept for cutting it, and forceps coated with vulcanite may be employed in its application or removal. The great convenience of the chloride of zinc lint is that the smallest pieces may be used, even to a wart or pimple, or to parts, such as the eyelids, to which it would be almost impossible to apply the old paste. There is also the advantage of confining the caustic effect absolutely to the part to be attacked. I have used it to those stubborn indurated ulcers at the inner canthus, be they lupus, rodent ulcer, rodent cancer, or what not, as well as the upper and lower lip, and other parts of the face, with the greatest advantage; and have obtained better results than formerly, because of the power of adapting the application exactly to the size of the eschar required, and the ease of keeping the lint on as long as need be, and re-applying it as often as may be necessary, with very little discomfort to the patient. It being always ready, the surgeon in going round his wards may himself apply this lint to a commencing slough, either in a cancerous breast, or an ulcerated

leg, or a bed-sore, or a phagedanæ, and at once check that which otherwise may give much trouble to stay. I had occasion to enucleate a large epithelioma from the parts about the umbilicus, which dipped down so deeply as to render it probable that it had reached the inner wall of the abdomen. An eminent surgeon advised removal by the knife, but the patient objected, and I set to work with some trepidation to remove it by the means of the chloride of zinc. There being a large surface to destroy, I used at first the paste, taking away every other day the dead portions; some little bleeding occurred when these were removed, but by means of the iron lint it was readily checked.

Treatment of Wasting Paralysis. By Dr. J. Bussell Reynolds.

There is nothing special to be observed in the treatment of the early febrile symptoms; but it is of the very highest importance that the nature of the affection should be recognized as soon as possible, and that the paralysis should be encountered vigorously.

The treatment which has been the most efficacious has been the judicious use of electricity—viz., its application, in proper forms and in suitable intensity, to the affected muscles. It often happens that, as in the case of G. H., which you have lately seen, the recovery is complete; and this after several years' duration of the paralysis. The most efficacious application is that of the interrupted battery current; and a curious fact is commonly elicited by its continued use. You find, for example, a group of wasted, palsied muscles, inactive to faradisation, but responding readily to galvanism. You apply galvanism on several occasions, and observe that gradually some voluntary power returns, and with this a diminution of response to the agent you are employing. The same muscles were unaffected by faradisation at the first; but now—as their voluntary power returns and their contractility to the battery current diminishes—they act readily when the induced current is applied. At this period in the history of a case I have found it desirable to change the form of electricity, and to employ faradisation, carefully avoiding the use of such power as shall cause pain to the patient. Galvanism requires most patient exhibition in cases of this kind: for many months it should be continued, provided that there be the smallest improvement in voluntary power, or in the nutrition of the limb. When, after six or eight applications of both faradic and battery electricity, there has been no appearance of electric irritability, I have seen no good result from its continued use. It is probable that, under such circumstances, the muscles are so changed in structure, or, rather, so thoroughly destroyed in proper texture, that nothing can restore them; and the only

thing that can be done is to prevent the deformity which might arise from the unopposed action of those other antagonistic groups of muscles which yet retain their integrity.

Electricity may have its action assisted by frictions and passive movements; but I have not seen any definite result, *quoad* the paralysis or wasting, from the exhibition of drugs. Of course, if the child be out of health, you would do your best to bring it into a more favorable condition; and in one case you would give alteratives, in another iron, in a third cod-liver oil, and the like. But your main object must be to treat the muscles, and to treat them without delay.

Your *prognosis*, in a case of infantile paralysis, is bad when the loss of voluntary power is absolute, when the wasting is extreme, and when, after three or four applications of electricity, you can detect no trace of contractility in the muscles. It is bad under such circumstances, whether the disease be of old standing or of comparatively recent development. On the other hand, if some slight voluntary power remain, or even if, when it be lost altogether, you still find in the wasted limb some flickering contraction as you apply the battery current, you may confidently expect a cure or a notable improvement, although the wasting and the paralysis may be highly marked and although they may have existed for many years, provided that you will persevere steadily in directing the course of treatment that I have described.

Even at the very onset of the malady, you may form some notion of its probable severity by regarding the intensity of the initial fever; and you may, when the paralysis is passing into its period of localization, ascertain by an electric examination the direction in which the malady will throw its strongest forces. Thus taught, you may often prevent the occurrence or full development of symptoms which are very obstinate when once established, and may relieve your patient, by the treatment of a few weeks, from that which, if once firmly rooted, may require twice as many months to cure.—*Lancet.*

Cure for Headache. By Dr. GEORGE KENNON.

The remedy, as I have already observed, is simple; it is the bisulphide of carbon in solution. Its mode of application is no less simple. A small quantity of the solution (about two drachms) is poured on cotton wool, with which a small, wide-mouthed, glass-stoppered bottle is half filled. This of course absorbs the fluid; and, when the remedy has to be used, the mouth of the bottle is to be applied closely, so that none of the volatile vapor may escape, to the temple, or behind the ear, or as near as possible to the seat of pain; and so held from three to five or six minutes. After it has been applied for a minute or two, a sensation is felt as if several leeches

were biting the part; and, after the lapse of two, three, or four minutes more, the smarting and pain become rather severe but subside almost immediately after the removal of the bottle. It is very seldom that any redness of the skin is produced. The effect of this application, as I have said, is generally immediate. It may be re-applied, if necessary, three or four times in the day.

The class of headaches in which this remedy is chiefly useful is that which may be grouped under the wide term of nervous. Thus neuralgic headache, periodic headache, hysteric headache, and even many kinds of dyspeptic headache, are almost invariably relieved by it; and, although the relief of a symptom is a very different affair, of course, from the removal of its cause, yet no one who has witnessed (and who of us has not seen?) the agony and distress occasioned by severe and repeated headache, but must rejoice in having the power of affording relief in so prompt and simple a manner.

Chloroform is much more likely to be at hand than the bisulphide; it is devoid of that offensive odor of the latter, and if I am not mistaken, it will be found quite as effectual. I may add that, in those cases of hemicrania which depend on gastric derangement, eight or ten minims of chloroform, given internally, will materially assist the effect of the local application.—*British Med. Jour.*

On Sulphurous Acid in the Treatment of Pyrosis. By Dr. HENRY LAWSON.

The very remarkable cures recorded by Dr. Dewar, and Mr. Pairman, as having been effected by the use of pure sulphur vapor, led me to give sulphurous acid a trial in cases of pyrosis, and certainly the result surprised me. *In every instance in which it has been employed, it has, in a very short time, completely arrested the water-brash secretion.* Indeed, it has given me so much confidence in its valuable action, that I now never hesitate to assure the patient he may very soon hope for relief from at least the distressing symptom of pyrosis. Dr. Dewar and Mr. Pairman having advocated the use of sulphurous acid to a degree that I should be far from accepting, and have been in my opinion, over-zealous in urging its claims as a panecea. But for all this, I am disposed to think its usefulness in conditions of pyrosis can hardly be overrated. It checks the excessive secretion, stops the vomiting and lessens the epigastric dragging pain so often complained of.

Temperatures in Healthy Children.

Mr. Finlayson exhibited in the Manchester Medical society (November 4, 1868), an elaborate series of tables of temperatures in Healthy Children.

They comprised two hundred and eighty-one observations on eighteen different children, of ages varying from twenty months to ten and a half years; and he summarized his conclusions as follows: 1. The daily range of temperature is greater in the healthy child than that recorded in healthy adults. The author's observations gave a mean of 2° F.; those of Davy, Gierse, and Frolich, on themselves, about 1° F. 2. There is, invariably, a fall of temperature in the evening, amounting to one, two, or three degrees. 3. This fall may take place before sleep begins. 4. The greatest fall is usually between 7 and 9 o'clock (at least, under the conditions of life usually observed in hospitals). 5. The minimum temperature usually observed at or before 2 A. M. 6. Between 2 and 4 A. M., the temperature usually begins to rise, such rise being independent of food being taken. 7. The fluctuations between breakfast and tea-time are usually trifling in amount. 8. There sems to be no very definite relationship between the frequency of the pulse and respirations and the amount of temperature, the former being subject to many disturbing influences.—*British Medical Journal.*

Electricity in the Treatment of certain forms of Lameness in Children.

In discussing the curative power of electricity in certain forms of lameness occurring during childhood, Dr. Salomon (*Jahrb. f. Kinderheilk.*, 1868) refers to five cases of the so-called spinal paralysis of children, which had lasted from two months to several years; in all of which cases a difference was observed in the reaction evinced under the use of an electric current when applied by induction or continuously. When the induction current was employed, whether the excitation was extra or intra-muscular, not the slightest manifestation of contraction was to be observed. Under the influence of a strong current, the most prominent results were slight tremors of the muscular fibrillæ. On the contrary, when a continuous electric current was applied, muscular contraction took place, and this whether the continuity of the chain was allowed to remain unbroken, or was interrupted and renewed. Also when the chain is applied by a fixed *anode* near the origin of a nerve, while the zinc electroid is made to pass over the surface of the palsied muscle. The most energetic effect was produced when the zinc pole was applied to the spinal column, and the opposite pole was applied to the paralyzed muscle, or over its especial nerve. The contractions thus excited were less strong than those of the muscles of the corresponding sound limb, and were more slow and languid in their occurrence.

In two other cases observed by Dr. S., the etiology was very

obscure. In another case, lameness of the muscles of the right extremity occurred suddenly upon the appearance of an eruption of measles. In this case, after the lameness had lasted for seven years, under the influence of the electric current by induction the lameness was benefited, but not entirely removed. Very nearly the same result was obtained under the use of the continued current.—*Centralblatt f. d. Med. Wissenschaften.*

Treatment of Valvular Diseases of the Left Side of the Heart by Inhalation.

Dr. C. Gerhardt believes that he has arived at valuable results by experimentation on inhalation of chemical solutions in the treatment of valvular diseases. He employs an aqueous solution of bicarbonate of soda, ½ to 1½ per cent. in strength; the patient inhales this for a quarter of an hour at a time, three or four times daily. He has tried this plan with fifteen patients; seven of these were the subjects of old heart disease; in one of them no improvement whatever was effected, the malady running on without a check to a fatal issue. Another was only tomporarily improved; the remaining five were notably improved, and left the hospital with a distinctly altered condition of the diseased valves; one of these had been a very bad case, an old man, who was œdematous, and suffered from severe orthopnœa. The remaining eight cases were of recent endocarditis; in three of these Gerhardt believes that the medicine obtained a direct and *complete* cure. In three others there was great improvement. The remaining two were cases of mitral disease, in which the subjective symptoms were alleviated. Gerhardt thought the results of the treatment so favorable as to warrant experiments with other inhaled remedies—viz., nitrate of potash, and chloride of iron; but the result of a few trials did not encourage him to proceed.—*The Practitioner.*

Cure of Skin Diseases.

In order to success in the cure of skin diseases we must be prepared to act promptly and energetically in the following articles of creed:

1. That the itch insect is the real cause of scabies.
2. That a vegetable parasite is the real cause of favus, ringworm, and tinea versicolor.
3. That most inflammatory products are contagious, and can induce, if applied whilst living to healthy tissues of the same kind as those which furnished them, a similar form of inflammatory action.
4. That the contagion of recent and living pus formed by the skin is a very common cause of skin inflammations, and may induce them as well in the same patient as in others.

5. That inflammations of the skin spread in extent by the contagion of continuity, *i. e.*, by cells produced by inflammation coming in contact with those as yet healthy.

6. That to prevent or put an end to the contagion of inflammatory products all that is necessary is to destroy their vitality.

7. That the vitality of inflammatory products may be destroyed by various forms of escharotics and caustics, and that it may be greatly modified by other means which stop short of destruction of tissue.—*Mr. Hutchinson.*

Value of the Preparations of Iron in the Treatment of Inflammation and some other Febrile conditions.

Dr. R. W. Creighton states (*Brit. Med. Journ., Jan.* 9 1869) that the occurrence of an extensive epihdemic of diptheria in 1859 gave him "a wide field for testing the effects of iron in this disease; and after treating a few cases, I was led to adopt a combination of the muriated tincture of iron in doses, varying according to age, of from four minims to ten or fifteen minims, with one to two drachms of the liquor ammoniæ acetatis (*Edinburgh Medical Journal*, 1860) every two hours. The resulting compound I have ever found invaluable in the *early stage* of all inflammatory affections. Free action of the skin is quickly produced, the pulse is lowered, and in many cases, as in tonsilitis, the inflamed organ recovers its natural condition as quickly as the skin does when the muriated tincture is administered uncombined in a case of erysipelas. In the early stage of typhoid fever, I know of no means more likely to mitigate the symptoms and calm the patient than the combination of the muriated tincture of iron and the acetate of ammonia, but in larger doses than seem to be tolerated in most other diseases. A medical friend, to whom I recommended the employment of the combination some years ago, has since assured me that he has observed many cases of typhoid fever apparently cut short by its use, and that he never omits it at the commencement of the treatment in any case.

"In scarlatina, the early use of the ferruginated diaphoretic, and afterwards the iron singly, or in combination with quinia and nitric ether, will, in most epidemics, effect all that can be accomplished by medicines. In the inflammatory form of Bright's disease, occurring from sudden chill, I have seen a speedier convalescence obtained by means of this combination than by any other plan of treatment.

"I will only notice one other class of cases where it has, in my hands, proved eminently useful; viz., in puerperal peritonitis. When given at the very commencement, in conjunction with the application of turpentine stupes to the abdomen, a few hours will often find the patient transferred from a state of

extreme suffering and danger into one of comparative ease and safety.

"The therapeutic value of the combination of the muriated tincture of iron with the acetate of ammonia in the diseases in which I have employed it is, I believe, due to its power of establishing early and free diaphoresis, of stimulating the capillaries to contraction, and furnishing to the blood the means of renewing its red corpuscles, which undergo an unusually rapid disintegration in inflammatory and febrile diseases. But, whatever the true explanation of its mode of action may be, the curative effects of the combination I consider to be so great, as to induce me to state that, in many of the diseases in which I have used it rather extensively, I believe there are no other therapeutic means at present in use which are capable of furnishing equally valuable results. I would wish it to be distinctly understood that I by no means ignore the many other indications which have to be followed in the treatment of inflammation, such as the relief of pain by means of opiates, the use of bloodletting in certain cases where there is great danger from over-distension of the venous system and the right side of the heart, and the good effects of the preparations of iodine and mercury in rousing the absorbents to remove exudations and effusions when these have occurred. All that I desire to claim for iron, is that it is entitled to be considered *one of the chief indications* to be pursued in its treatment."

Peroxide of Hydrogen.

Dr. B. W. Richardson sums up the therapeutic action of this article in the following words: "The solution of the peroxide of hydrogen may be fairly considered a medicine which promotes glandular secretion generally, quickens the action of iron, and which, to a certain extent, represents mercury and iodine as a specific remedy for syphilis. Problematically it may be considered as having an influence on nervous function, preventing or reducing over-action. It deserves on this ground extended trial in epilepsy. It is useful as a means of relief in dyspnœa in cases where there is great destruction of the lung and deficient oxidation; but whether its effect is due to the direct addition of oxygen to the blood, or to a sedative action on the nervous centres, or to the promotion of secretion from the liver and kidneys, and the removal of temporary congestion, is not known.

"*Mode of administration*; Dose.—The solution of the peroxide containing ten volumes of oxygen is the best form for medicinal use; a trace of hydro-chloric acid in the solution is of advantage, as the acid helps to retain the oxygen. I prefer always to prescribe the solution simply with distilled water, for although there are many medicinal substances with which t is compatible if they are chemically pure, it is best not to run

the chance of displacement of the oxygen by admixture. The ordinary dose for an adult is from one drachm to four, but this may be gradually increased to six drachms or even an ounce. A free quantity of water should always be mixed with the solution when it is to be taken; too concentrated, it leaves a caustic metallic taste in the throat, and causes eructation.—*Medical Times and Gazette.*

Periosteal Preservation in Operative Surgery.

Dr. Wm. Stokes, Jr., in a paper presented to the Surgical Section of the British Medical Association, in August last, states the following propositions, which are based on the physiological experiments and clinical experiences of M. Ollier especially, Langenbeck, Luck, Moon, Wood, his own, and others who are interested in this subject. These are:

1. That, in subperiosteal resections, the reproduction of bone is more complete, and effected with greater rapidity, than after total removal of both bone and periosteum.
2. That the osseous productive properties of the membrane vary according as it is taken from the long or short bones, being greater in the former than in the latter. (Ollier.)
3. That the normal form of the joint is better preserved than when the precaution of leaving the periosteal covering is taken.
4. That the subperiosteal resection involves less danger than when conducted on the old principle. This proposition is grounded chiefly on the results of Ollier's experiments on the lower animals; the number of unfavorable results which followed when the membrane was removed being much greater than when it was left.
5. That the difficulties attending the separation of the membrane in the dead subject are not to deter us from attempting the operation on the living, inasmuch as the membrane is less adherent in the latter, and also much thicker, in the great majority of cases, on the diseased than on the healthy bone.
6. That the chances of much shortening of the limb are diminished by this method, as shown by the results of the ankle-joint resections during the late Schleswig-Holstein war.
7. That subperiosteal resections are more conservative, as, in a great many cases, they diminish the necessity for amputation.—*Brit. Med. Journal*

Operative Treatment of Conical Cornea.

Dr. Graefe, in the course of an article which deals elaborately with the whole subject of this disease, dwells upon the ill-success which has attended all the various operative procedures which have been devised for its relief. Long-continued treatment with atropia and with bandage-pressure, repeated

evacuation of the aqueous humor by paracentesis of the cornea, iridectomy, making the pupil into a long slit, like the pupil of a cat, by double iridectomy, on Bowman's plan—all these measures have proved highly unsuccessful. Graefe has, however, lately devised a method which has already succeeded, in several cases, far better than any previously known plan. A little flap (three-quarters to one line in thickness) is made, with a very narrow knife, from the apex of the corneal protrusion; and this is cut away along its base with scissors. On the next day the new surface is touched with a mixture of one part of nitrate of silver and two of nitrate of potash (lapis mitigatus); and this is repeated every third or sixth day, till a slight yellowish infiltration becomes apparent. The surgeon must then drop in atropia, and wait. In from six to eight weeks there is an exfoliation of the cornea, which brings about a notable improvement in the clearness of vision.—*The Practitioner.*

Infusion of the Leaves of the Chestnut (Castanea Vesca) in Hooping-cough.

Dr. J. Ludlow, of Cincinnati, states (*Cincinnati Lancet and Observer, March*, 1869) that he has used, at the suggestion of Dr. Unzicker, the infusion of the leaves of the chestnut for the relief of the spasms in pertussis, and found it eminently efficacious. "I have found," he says, "in all cases, that it would, in from five to ten days, relieve the spasm, and in about two weeks cure it; and the little sufferer would hoop no more, but go on to a speedy recovery, to the great delight of myself and its friends.

"I make an infusion of the leaves, by taking one-half of an ounce of them to the pint of boiling water, and afterward add to this a pint of cold water, to which is added sufficient of white sugar to make it palatable to the patient, and give this, *cold*, as much as I can get the patient to take during the day and evening, Giving it to drink in place of cold water, the child soon gets to like it, and I have no trouble in getting a sufficient quantity taken to produce the desired result. This remedy I believe of such importance, that I would urge it upon the attention of the profession at large."

Spontaneous Changes in the Strength of Solutions prepared for subcutaneous Injection.

Some important obervations have been made on this subject by Dr. Bourdon, of Paris. Having met with several cases in which subcutaneous injection failed to produce the anticipated effects, he was led to believe that this was due to a spontaneous loss of strength in such solutions as had been kept for several months. This change could be accounted for in only

two ways—either by a decomposition of the alkaloid by the growth in the solution of vegetable organisms, which assimilate to themselves certain of the elements of the alkaloid, or by the deposition on organic formations of a portion of the dissolved salts of the alkaloid; the vegetable filaments, in the latter case, serving the same purpose as threads in favouring crystallization. In one of Dr. Bourdon's experiments, a solution of sulphate of quinia and tartaric acid in distilled water lost, in ten months, 25 per cent. of its saline and acid ingredients; a minute portion of the latter being, however, deposited in the form of crystals on the filaments of an abundant growth of mycelium that appeared in the fluid. It is, therefore, legitimate to assume that solutions of vegetable alkaloids are decomposed, with necessary loss of strength, by the production in the first place of vegetable organisms, which feed as it were on the dissolved substances, and after these organisms have obtained a certain development, by deposition on them of an additional portion of the dissolved alkaloid salts. —*Ed. Med. Journal.*

Beneficial Effects of Injection of Chlorate of Potash in Treatment of Dysentery after Failure of Opium.

It is stated in the *Bericht. d. Krankenanstalt, Rudolph Stiftung*, 1867, that Lobel treated, for three entire days, a dysenteric patient, 23 years old, with preparations of opium, by the mouth and in the form of enemata, but without any beneficial result. The discharges still continued of a decidedly bloody, dysenteric character. On the fourth day of the disease, he gave injections consisting of chlorate of potash ℈j to two ounces of warm water. The discharges, though still thin, lost immediately their bloody aspect, and assumed a feculent appearance. Under a continuance of the same remedy the stools became, finally, entirely natural. Subsequently Dr. L. treated in a similar manner another case of dysentery, and with similar speedy good results.—*Centrablatt f. d. Med. Wissenschaften.*

Antiseptic Treatment of Penetrating Wound of the Thorax and Abdomen. By Joseph Lister. Esq.

On the 1st of October last, a butcher, aged 18, was admitted on account of a most serious wound of the chest, inflicted by a comrade who, angry at having a dirty bladder thrown at him by the patient, threw in return his knife, with a blade nine inches long, and keen-edged, half of which buried itself in the patient's infra-axillary region, between the ninth and tenth ribs. He himself drew out the knife, which was followed by a fearful gush of blood. Being accustomed to see blood flow, he said, "there was a spout of four inches before the fall." He was immediately taken to the hospital, where

my then house-surgeon, Mr. Hecter Cameron, found him blanched, his clothes drenched with blood, which was still pouring from the wound, venous in color, and with a tendency to regurgitate during inspiration, implying that it proceeded from a wound in the lung, which was further indicated by the occurring of hæmoptysis. There was also protruding from the external wound a piece of omentum five inches long, showing that the knife had passed through the diaphragm into the abdominal cavity. No time was to be lost, as death from hemorrhage was imminent; and Mr. Cameron judged it best to plug the wound, but at the same time to introduce an antiseptic as in compound fracture, in order to destroy any atmospheric germs that might have been drawn in during inspiration. With this object, after cutting off the protruding piece of omentum, which he kept to show me, he soaked a piece of lint with a solution of carbolic acid in four parts of boiled linseed oil, and by means of dressing forceps, passed it as far as he could in every direction in the pleural cavity, repeating the application several times. He then took two strips of lint steeped in the same solution, each about a foot long and an inch in breadth, and pushed them into the pleura, one upwards the other downwards, as far as possible, consistently with keeping their ends protruding externally; and, the wound being thus plugged antiseptically, he applied a sheet of paste composed of whitening mixed with the oily solution of carbolic acid before mentioned, taking care that it was large enough to overlap the skin around the orifice by several inches in every direction, retaining it in position by strapping and bandage. It may, perhaps, be said by some of you, "Surely it was heroic practice to introduce irritating carbolic acid so freely into that important serous cavity. Would it not have been a milder and more prudent course to have plugged the wound with a piece of dry lint?" But any one who argues in this way forgets what would have been the inevitable result of such a procedure. The mass of blood accumulated in the pleura would necessarily have been soon decomposed through the agency of the germs contained in the lint; and the putrefying mass, growing from day to day more acrid in the cavity in which it was confined, would undoubtedly have soon caused the death of the already prostrated patient. On the other hand, carbolic acid, being a local anæsthetic, is much less irritating, even when first applied, than the products of decomposition; and it also differs from the latter in this all-important point, that it soon becomes dissipated by diffusion and removed by the surrounding circulation, when, the blood on which it has acted being still amenable to organization and absorption, the part is as favorably situated as if affected only with a subcutaneous injury.

Next day, when I saw the patient for the first time, I cautiously withdrew the plugs, under the protection of a large piece of lint dipped in the oily solution of carbolic acid, and continued the use of the paste. For about ten days the patient progressed admirably, the pulse descending, the labored, rapid respirations growing less labored and less rapid, and altogether his condition becoming so much improved, that he could not be prevented from sitting up in bed, singing songs, and conducting himself otherwise in an imprudent manner. Meanwhile, examination of the thorax disclosed signs of the presence of both blood and air in the pleura, such as dullness of the base and preternatural resonance of the upper and anterior part of that side of the chest, and metallic tinkling, which was well marked. And to such an extent had this accumulation of blood and air proceeded, that the heart had been pushed over towards the right side, so that its apex beat below the right nipple. And yet this mass of blood, freely exposed to the influence of air, had not decomposed. Any putrefactive germs introduced through the external wound had been destroyed by the carbolic acid, and the air, entering the pleura through the wounded bronchial tubes, had deposited its floating organisms upon the slimy mucous secretion of those tortuous canals. Hence the patient remained free from symptoms of irritation, and suffered only the loss of blood and the embarrassment of the respiration which was the mechanical result of the injury. But, thirteen days after the accident, profuse hæmoptysis appeared, which I was disposed to attribute to tearing open of the wound in the lung through his imprudent exertions; and this, continuing for several days, threatened entirely to exhaust his weakened frame. The expectorated blood assumed also a putrid odor, like that from gangrene of the lungs; and I was apprehensive that the putrescence might spread to the mass in the pleura. Fortunately, however, this did not occur. The bloody expectoration gradually became purulent, and then diminished in quantity till it ceased entirely. With regard to the external wound, it furnished no pus so long as the original mode of dressing was continued. In the first twenty-four hours, there was a free discharge of bloody serum; but this grew less from day to day, till six days after the receipt of the injury, it amounted to less than a minim in forty-eight hours; and when the piece of lint, which had been kept permanently on the wound beneath the paste, was removed, between three and four weeks after the accident, a superficial sore was found, which afterwards cicatrized kindly. On November 18th, seven weeks after his admission, the apex of the heart was observed to be again beating below the left mammilla; and, finally, I may add, that he was seen a few days ago by Mr. Cameron engaged with another butcher in driving a herd of unruly cattle through the streets, when our former

patient, though still pale from anæmia, proved the more vigorous of the two in turning the animals; while his lusty exclamations, though not couched in the most decorous language, gave satisfactory evidence of the soundness of his lungs.

EDITORIAL.

Has Eclecticism in Medicine any Fixed Principles?—We feel but little annoyed when we are misrepresented by our opponents, "for 'tis their nature too;" but when it has its origin in our own ranks, especially from those who profess to be teachers and exponents of Eclecticism, we are ready to exclaim with the modern prophet:—"good Lord save me from my friends, I will take care of my enemies!"

If we were to notice every such mal-exposition of Eclecticism, our pages would be constantly full of it, and our readers disgusted. Hence we allow the most to pass, as they never excite attention, and only reply when other schools take it as truly representing our position.

In an annual oration by Dr. L. Barnes before the Homœopathic Medical Society of Ohio, Eclecticism is misrepresented from addresses from Professors at Chicago. One declares Eclecticism to be "selecting from all sects in medicine whatever is found to be good, and on the other hand at once rejecting what is found to be evil." Another says "Eclecticism endeavors to examine all the '*various isms*,' selecting and employing such principles and medicines as an enlightened judgment may dictate."

The doctor goes on to say: "There is no light here; these men profess nothing more than is professed by every medical 'ism' in the world. They all claim to select 'whatever is found to be good,' and to reject 'whatever is found to be evil'—even 'as an enlightened judgment may dictate;' and no school professes all this more loudly than the old Allopathic. Have these Eclectics any definite rule for determining the proper selection? None. They do not claim anything of the kind. They announce no fundamental principle. They have no key. They rely simply upon their 'enlightened judgment.' Are they endowed with more wisdom than other men?"

Now we give the orator credit for a desire to represent us truly; but evidently his reading has only extended to a few addresses which chance placed in his hands. If he had read up our literature he would soon have discovered that we have a *rule* for selection, and that it is such a "*fundamental principle*" that all schools will come to it sooner or later.

The principle is—"that all diseased action is evidence of impaired vitality;" in other words, that disease is partial death.

The corrollary is: "that all treatment should be directed to increase the viability of the part or entire organism, or to remove the cause of the depression."

Now let us apply the popular definition of the word *Eclectic.* We select from all systems of medicines those remedies and methods of treatment which relieve the system from depressing causes, and which increase the common stock of vitality, or the vitality of a particular part.

The rule absolutely rejects the entire class of antiphlogistics or depressants, which twenty-five years since were the *armamentum medicorum.* It was by it that we excluded bloodletting, mercurials, antimonials, drastic purgation, etc.; and that we adopted from time to time the remedies now in use. We did not rely simply upon an enlightened judgment, unless the writer is willing to qualify it as a judgment enlightened by well understood and fixed principles.

Our old-school friends are adopting this principle "as the only ground upon which a rational system of medicine can be based;" and both they and the Homœopaths are appropriating our remedies, and usually substituting them for their own.

In the good time coming, when we shall have but one system of medicine, it will certainly be based upon the *principle* named, and the *rule* for the selection of remedies will have attained that certainty, that it will give us *specific medication.*

Phosphate of Soda—I have called attention to this remedy several times, but not so directly as to make the impression I wish. It is unlike other agents of its class, being restorative, improving digestion at the same time that it is laxative or gently cathartic. It has filled such an important place in my practice that I would hardly know how to dispense with it, or substitute other agents for it.

As an agent to overcome obstinate constipation, it has no superior. This is especially so in the constipation of childhood, which has proven so unyielding to medicine. In such cases I order the phosphate of soda in small doses (say two grains three times a day to a child four months old), given in milk. It gives regular movements from the bowels, allays gastric and intestinal irritation, improves digestion, and furnishes phosphorus in an available form as a restorative.

Not unfrequently in children fr m six to fourteen years we find a condition somewhat as follows: The appetite is poor, digestion bad, bowels irregular, the breath fœtid, and the tongue pallid and covered with a yellowish-white pasty coat—many times somewhat honey-combed, showing pale red spots. In these cases, no remedy will be found more certain in its action; in small doses three or four times a day—just sufficient to prove slightly laxative. It is equally good in the adult, when these symptoms are prominent.

In childhood it is one of our best restoratives; in feeble children, with pallid surface, feeble circulation, and impaired digestion, its action, though slow, is very certain and will give satisfaction. So in the adult—many times I find it the best preparation of phosphorus.

A Familiar Treatise on Medicine. By JOHN M. SCUDDER, M. D., (Tenth Thousand;) 8vo.; 837 pages.

The time is past when people are willing to take the dictum of a doctor as law and gospel in all that concerns their physical well being. They wish to read for themselves, and sooner or later they will read and give the subject of medicine more or less study. Thousands of works on domestic medicine have been distributed through the country, and eventually every house will have something of this kind.

Is it not better for our physicians to introduce a work commending their practice, and instructing the people in those things they should know: anatomy, physiology, hygiene and simple medication for emergencies; rather than have them supplied with such as endeavor to teach "every man to be his own doctor?"

The strong point with the Homœopaths, both in this country and in Europe is the wide distribution of Homœopathic works on domestic medicine. As an evidence of the interest taken in this method of extending Homœopathy, I may state that Dr. Pulte's Domestic Physician has sold over 40,000 copies; and it is only one of some twenty in this country.

A graduate some four years since settled in Illinois, writes me, that "the sale of 100 copies where I have located was the most profitable work I ever did, and its influence will outlive my professional life."

Many physicians have engaged a lady to canvass the neighborhood, and thus introduced them into almost every family. To make this profitable to the person engaged, we will furnish this edition at $20.00 per dozen; $2.00 per single copy as samples, free by mail. As the retail price is $3.00, this gives the canvasser a nice profit.

A lady will find this a pleasant occupation, and it will prove more profitable than any other business in which she can be engaged. One copy can be sent for as a sample, and when the subscriptions are obtained, they can be ordered in quantities to suit.

Diphtheria and Spotted Fever.— Dr. S. H. POTTER:—We have a disease, now an epidemic, in our country, confined entirely to children under ten years of age. I shall try to give the symptoms as well as possible.

First invasion appears like a deep cold, difficult respiration with loose hoarse cough. Mucous tissue slightly inflamed;

uvula and fauces covered with peculiar gray or ash-colored spots; skin hot and dry; pulse from 130 to 150, always increasing in rapidity at night; tongue slightly coated at first, and in a few cases slightly swollen, but not red or dry. Those symptoms vary very little, with exceptions of the exacerbations of fever, which always abates in the morning and increases at night; patient quite drowsy, but perfectly sensible when aroused.

The symptoms continue thus for three or four days, when suddenly much graver symptoms are ushered in, often *in one night*, when you find breathing very difficult. The mucous tissue of the mouth looks as if scalded, which if swabbed lightly brings away white film as thick as parchment, easily broken up, leaving the surface raw and bleeding, after which no further ulceration occurs, but the mouth continues to bleed, often attended with epistaxis to an alarming extent. The patient swallowing the blood and vomiting it up in a coagulated condition till death ensues. Blood is also passed with the urine, which settles in the bottom of the chamber in a clot. In this stage or phase of the disease œdematous swelling commences and the patient becomes spotted with purple spots as large as bird shot, which can be removed by pressure, but return. Others again, have no hemorrhage only the percolation of roof of mouth, and have not the swelling so distinctly marked, but lips always swelled. In the second or last stage all other symptoms present. And in the latter type the head is thrown violently backward resting between the shoulders, pupils dilated, eyes red or bloodshot and filled with purulent secretion, when death shortly follows. Patients generally die on or about the 9th day, and retain their senses till within a few minutes of death, immediately after which they become spotted over the whole body, with dark spots, as if struck or bruised. *What is it?*

The disease appears very fatal; no treatment yet adopted appears, I *am sorry to say*, even to mitigate the disease. In a few mild cases, where I had my doubts afterwards of the existence of the true type of the above disease, they have recovered under antiperiodic and tonic medicines, avoiding alteratives, &c.

I have termed the disease spotted fever: *is it a misnomer?* I should mention that my allopathic friends have lost some adults after delivery, with almost the same train of symptoms; though I have had a very large obstetric practice in the same vicinity of the disease with no unusual trouble whatever.

Now, Doctor, I am a *student* and ready to adopt any plausible course advised by older and more experienced practitioners. I may not have given all the symptoms in their true light; and will try to notice in future more closely the pathological changes, etc. I remain yours respectfully, H. Thomas.

West Newton, Allen County, Ohio, Feb. 4, 1869.

Those who have observed the course of the three diseases, diphtheria, spotted fever, and cerebro-spinal meningitis, cannot but have been impressed with the close relationship between them. In their general pathological features they agree. The cause is a zymotic poison: causing depravation of the fluids and deterioration of the solids. In each there is the enfeebled circulation, and marked impairment of the nerve centres.

In one there is the peculiar exudation upon the mucous membrane of the throat, (diphtheritic); in the second an effort to throw off the zymotic poison upon the skin (spotted eruption), and finally vibices, which may be common to all; and in the third the asthenic inflammation of the spinal cord and base of the brain.

Either form of the disease can be treated successfully, or in the description of Dr. Thomas, if the three seem to be united, they are still amenable to treatment. For a complete description of the three forms of disease and treatment, the reader is referred to my new work, "Diseases of Children," but the important points I will note here.

If the tongue is heavily coated, especially at its base, with weight and heaviness in epigastric region, commence the treatment with a thorough emetic. I prefer the acetous emetic tincture. Or if there is great prostration from the first, the emetic should be used.

In other cases, put the patient upon the use of—℞. Tincture Veratrum gtts. xv; Tincture Belladonna gtts. x; Water ℥iv; a teaspoonful every hour, (this is for a child of six to eight years).

Have the patient rubbed with—℞ Quinia Sul. ℥j; Whiskey ℥viij; twice daily.

If the pulse becomes soft and feeble, substitute Tincture of Aconite gtts. x. for the Veratrum.

If the tongue is pallid, and covered with a pasty coat, give Sulphite of Soda in doses of grs. xv. to xx. every three hours. But if the mucous membranes are deep red or dusky, give dilute Muriatic Acid.

In all cases an infusion of Baptisia will be found an excellent internal remedy, being both stimulant and antiseptic. It will also be one of the best local applications for the throat. Hydrochlorate of ammonia, and Chlorate of Potash, are also good local remedies, and may occasionally be employed internally with advantage.

The treatment of diphtheria on page 94 of my Practice of Medicine has proven very successful, and the directions for the local treatment may be followed *seriatim*.

The Article on Chancre—in the present number, will command unusual attention. In our editorial capacity we do not

necessarily endorse the views of contributors to the pages of the Journal. We are not prepared to fully admit the doctrine of two distinct syphilitic poisons, each in its manifestations having demonstrable or recognizable differences, yet the question which has able defenders on both sides, is growing more and more one-sided. The advocates of duality in the disease have among them the closest observers of syphilitic phenomena. Dr. Howe advances some novel ideas which must stand or fall on their merits. If his positions are assailed from any quarter, we have no doubt of his ability to give them all the defense they may need or deserve.

VARIETIES.

Gleanings. By Professor J. King, M. D.

Simple Method of Detecting Sugar in Urine. By Dr. Gondouin, of Argentan.—Take a compress of thread or of cotton (an old cotton handkerchief will answer) and allow a drop of the urine to fall upon it, which immediately spreads out. If we hold this part of the compress over some hot coals, a very distinct chestnut colored spot is produced, darker at the circumference than at the centre, and so much the darker as the amount of sugar is greater, besides which, the compress has a strong odor similar to that of burnt sugar. This process is one of great susceptibility, and is the more valuable as it is in the power of every one to test, at the time of a visit, without the aid of any other re-agent, the presence or absence of sugar in the urine.

This process is a simplification of that of Mr. Maumene, which consists in using for this operation, strips of merino previously moistened with bichloride of tin, and then dried. Experimented with a number of times by the discoverer, with diabetic urine as well as with artificially sugared urine, this process proves most reliable and excessively sensitive, enabling us to readily detect the presence of one grain of sugar in 2¼ pints of water, without any of the other substances contained in the urine ever giving a similar reaction.—*Union Med. No.* 84.

Pulmonary Emphysema.—The presence of a large proportion of uric acid in the urine of patients, already pointed out by chemists, has been confirmed in the clinic of Prof. Tommasi, with two emphysematous patients, whose urine, upon analysis, yielded a very great increase of this acid. From which it follows that this will be a new symptom of this disease, due probably to the imperfect oxygenation of the blood.—*La Riforma Clin.*

Fixing the Head in Embryotomy.—When in extreme pelvic narrowness, the fœtal head remains at the superior strait, Prof. Pajot perforates the cranium by the ordinary method, and introduces into the opening thus made, a small, strong stick about two inches long and as thick as the little finger, to the middle of which is previously tied a piece of lace or twine. He passes the stick into the fœtal cranium by one of its extremities, and with the aid of a tampon forceps; when it has been completely introduced, he draws down by the lace. The stick is thus placed horizontally, either before or behind, on one or the other side of the basin, as may be judged proper. Absolute master of the head, he gives the lace to an assistant, and applies the cephalotribe or forceps, according to the indication, without being interfered with by the lace, which occupies no place in the vagina. Thus, without any new instrument, the mobility of the head is prevented, which mobility is a cause of very great difficulties in certain operations.—*Gaz. des hopit, No.* 128.

Fistula Lachrymalis.—Prof. Foltz, deriving from Pouteau the idea of opening the sac on the conjunctival side of the lid to avoid a visible cicatrix, operates as follows: he slightly everts the inferior lid, enlarges the lachrymal puncture with the point of a bistoury and introduces a small grooved sound into the inferior lachrymal duct, making an incision as far as the internal commissure of the lids. The sound thrust into the sac with the groove turned downward serves as a guide to the point of the bistoury, which incises the external wall of the tumor, by following the direction of the inferior lachrymal duct, and of the free margin of the lid to the extent of a full 2-5ths of an inch. The improvement is, the author states, in not destroying the lachrymal apparatus.—*Gaz. Med. des Lyon, No.* 25.

Lupus.—After having cauterized a lupus of the nose 20 times with nitrate of silver, nitrate of mercury, solution of gold, and other caustics, without success, Dr. Barbier was greatly astonished that four applications of a single drop of tincture of iodine, placed upon the disease with a bit of straw, caused its disappearance in 15 days. (*Gaz. Med. de Lyon.*) In what astonishing, with the practice of M. Bazin, of the St. Louis hospital, and of others, who successfully employ iodine in all the dermatoses, and especially those that are ulcerated?

Facial Neuralgia. The following ointment used in local frictions over the part, at the period of the paroxysms, has been found, by Dr. Bertrand, to effect cures after two or three applications: take of veratria 4½ grains, sulphate of morphia 3 grains, fresh lard or glycerole of starch one ounce; mix. Rub it in well for several minutes.

Hectic Fever in Phthisis.—Prof. Niemeyer extols the pills of Heim, made as follows: take of pulverized digitalis 12 parts, pulverized ipecacuanha, pulverized opium, each, 5 parts, extract of elecampane, q. s.; mix for 20 pills. When the fever has exacerbations every evening with chills, the addition of 24 parts of sulphate of quinia, to the mass, will be very useful and efficacious.

Spermatorrhœa—. A man, aged 24, had practised masturbation during his boyhood, and at this time could not have a complete erection and ejaculate; the sexual appetite was not lost, as he was fond of the caresses of females. Very weak, dejected, with involuntary seminal losses occurring almost every night and often during defecation, the patient had already unsuccessfully pursued several plans of treatment. Having examined the white, ropy liquid, that issued from the urethra, during defecation, M. Solles found no trace of sperm-zoons in it. As treatment, he at first advised tonics under all forms and hydropathy, which effected a slight amelioration. As there was anæsthesia of the skin of the scrotum, and as the cremaster muscle seemed as if paralyzed, M. Solles had recourse to electricity. At first he only applied it to the skin of the scrotum, but he soon introduced a metallic sound into the urethral canal, and placed its pavilion in contact with one of the poles of the pile, while the other reophore was applied on the skin in a region near the scrotum. The machine used was Gaiffe's, with strong currents, which occasioned no pain. After thirty-six sittings, erection, ejaculation, and perfect sexual contact could be accomplished. The cure was not attributed to electricity exclusively, although this undoubtedly played a great part; but he thought that the tonics, hydropathy, especially perineal douches, contributed a good portion towards it.

M. Delmas had an impotent patient, similar to the one described by M. Solles, whose condition was at first ameliorated by hydropathy, but soon relapsed into his original state of impotence. M. Delmas employed electricity, the continuous currents, not the induced. The sittings, to the number of nine, lasted each time for from 8 to 10 minutes, and were given about every three days. Instead of placing the reophores on the genital organs, he only passed the current through the spinal marrow, with the precaution of making interruptions in the current by reversing the poles. The patient was thoroughly cured, not by the single fact of the electricity, but by the combination of all the means used, as, electricity, tonics, hydropathy.

M. Solles has promptly relieved angina pectoris, by applying one of the poles of the pile of Gaiffe in the left axilla, and the other along the carotid of the same side. M. Duchenne, of Boulogne, relates cases of angina pectoris, efficaciously

treated by electricity, induced currents. He applies one of the reophores over the phrenic nerve, and the other over the precordial region.—*L' Union Medicale de la Gironde.*

Mode of Distinguishing Real from Apparent Death—This is the title of a memoir published in the *Gazzetta Medica de Torino*, Jan. and Feb. 1869, by M. G. Borelli. We shall not give a complete translation of this quite extensive work, but will only point out its principal points.

It is known that the extract of Calabar bean strongly contracts the pupil* and that atropine dilates it. It is the antagonistic action of these two substances upon the iris that M. Borelli believes should furnish a certain prompt and easy sign, one, that in the hands of the first comer, so to speak, could enable him to distinguish real from apparent death.

From a large number of experiments made by him upon human cadavers, (more than sixty,—and in which experiments he was assisted by his partner, Dr. Chiabrero and M. Pagliano, student,) it resulted that if, sixteen hours after death in ordinary cases, twenty-four in exceptional, we place some extract of Calabar bean beneath the lids of one eye, and some neutral sulphate of atropia under the lids of the other, and if, three hours after this application, not the least change can be observed in the diameter of the pupils, we may unhesitatingly declare the death to be real, and proceed to bury the dead body. If, on the contrary, any change is observed, we may, according to the case, endeavor to resuscitate the body, or to re-apply the the two substances, but in an opposite manner; if a new modification of the iris does not become manifested, we may be assured that the death is certain, real.—These are the conclusions of this essay:

I. The myosic action of the Calabar, and the antimyosic* action of the Atropia, are manifested after death, in the major part of cases, and can not be employed as a certain, immediate *positive* sign to verify real death.

II. This action may become a *negative* secondary, but certain method of determining real death, under the following conditions:

a. The application of the Calabar and Atropia should be made sixteen hours after the asserted death, in ordinary cases; twenty-four hours after in exceptional cases; (convulsions, eclampsia, epilepsy, etc.)

* This substance also exerts a contractile action upon the small vessels; a property successfully utilized by M. Galezowsky, for the treatment of suppurative Keratitis. (*Gazette Medicale de Paris*, No. 8, Feb., 1869). The dilatation of the vessels of the cornea, their engorgement, cease under the influence of this agent, and the ulcers seated upon it cicatrize rapidly. Besides, the Calabar bean has been extolled by the English physicians, M. Eben Watson, among others, as a remedy against tetanus. *Adhuc sub judice lis est.* They have also employed it in chorea. (Harley.) Dr. D.

* From *myosis*, contraction of the pupil.—Dr. D.

b. In all cases, three hours of the application are sufficient to assure us of the myosic action of the Calabar bean, and the dilatating action of the Atropa on the cadaver.

c. The incorporation of the alcoholic extract of Calabar bean and of the neutral sulphate of Atropia, with Gelatine, in order to make lenticular disks of various colors, and their application beneath the lids, constitute the most simple, prompt, easy, and certain process for testing the sensibility of the iris, with the view of determining real death.

d. The dose of the alcoholic extract of Calabar bean, and of the neutral sulphate of Atropia, for each dose, should be a miligramme (0.154 of a Troy grain) of the first named article, and half a milligramme of the second.

e. The previous moistening of the eyeball, without being indispensable, will, however, be a prudent measure.

III. We can settle upon nothing exact as to the sensibility and persistence of the reaction of the iris, submitted to the influence of the Calabar and of the Atropia, during the ten or twelve hours following death, these depending upon certain individual conditions and upon the more or less distant period from the death. This reaction is more slowly and more fully manifested in the cadaver of those who have died from chest diseases and in a state of marasmus, or those far advanced in years, and in proportion to the age at which the death dates.

IV. It appears that the circular fibres of the iris are more rapidly influenced by the Calabar, than the radiating fibres by the Atropia.

V. Upon the cadaver the nerves of the iris are so sensitive to the action of the Calabar, that this action, by reflexion, extends from one eye to the other.* This reflex action is not manifested with the Atropia.

VI. It is to a persistence of the vitality of the iris after death, that the contraction and dilatation are due, a contraction and dilatation that are no longer effected after the tissues lose that local vitality which remained to them, and enter under the universal domination of the eternal physico-chemical laws of nature.—*Dr. Douad, L'Union Medicale de la Gironde.*

Aconitine.—In the *Gazette Medicale* of Jan. 2, Dr. Beaunis has given a *resume* of the work by Dr. Achscharumow, *Researches on the Toxicological Properties of Aconite*, as well as the

* To render this passage clearer, we will relate one of the experiments given in the memoir. It was upon a man aged 55, who died after an amputation of the thigh, and whose pupils were greatly dilated. Five hours after death, a disk of the Calabar extract was applied upon one eye *only;* three hours after its application, M. Borelli observed a marked contraction of the pupil. Owing to various circumstances, the cadaver could not be visited until twenty hours after death, and to his great surprise, the experimenter found the pupils of both eyes greatly contracted. The same phenomenon was produced in several other experiments. Dr. D.

conclusions of the author; we give those which may interest the therapeutist.

1. Aconite is not absorbed by the skin.
2. Its employment as a sedative agent is useless.
3. There is no reason for employing it as a diuretic or diaphoretic.
4. It may be used internally in all morbid conditions in which it is indicated to lower the temperature of the body, the activity of the heat, and pressure of the blood,—as in simple or consecutive hypertrophy of the heart, in cerebral hyperemia, in apoplexy, and, generally, in all hemorrhages. Another indication for its employment is found in all cases where there is exaggeration of action of the voluntary muscles, convulsions, tetanus, eclampsia. (Aconite causes paralysis of the cerebro-spinal motor nerves, and of the motor centres of the heart.)—*Dr. D., L' Union Medicale.*

New Remedy.—A Brazil plant, PARACARY, (see *Gazette Medicale* of Feb. 20), has the reputation in that country of being an antidote to venomous bites. Dr. Da Silva Castro, who has experimented with it, extols its employment as a remedy against the poison of ophidians, insects, and also that of certain fishes; it is useful in the treatment of cutaneous diseases, especially those of syphilitic origin, being an efficacious auxiliary to the other remedies used. It may also be used as a sedative in asthma, catarrh, pertussis, etc.—*Ibid.*

Abortive Treatment of Erysipelas.—According to Prof Schutzenberger, the oil of turpentine painted over the parts, arrests the progress of erysipelas. Prof. Lucke, of Berne, was the first who entertained the idea (and he made a success with it) of employing volatile oils to arrest the progress either of the infecting agent that had caused the erysipelas, or of the contaminated organic elements, a progress which is made gradually without following the tract of the blood-vessels or the lymphatics. Prof. S. desired to test in its turn the efficacy of terebinthinated oil, (oil of turpentine, sweet oil, each, 1 part), he used it four times, and each time the disease was rapidly checked. All the invaded parts were painted with the terebinthinated oil, and the healthy surfaces were largely encroached upon.—*Ibid.*

Ulcers.—The late Foucher employed the following preparation in the treatment of ulcers: mix together Alcohol 40 parts, Glycerine 62½ parts, Chlorate of Potassa 4 parts. This mixture is transparent, limpid, without disagreeable odor, is readily imbibed by linen and lint, and does not stain the dressings. It remains twenty-four hours in place without drying, thus avoiding frequent dressings. A single washing with warm

water suffices to remove all traces of it. Less painful than Alcohol alone, it has the advantage of preventing grayish exudations of ulcers, a kind of diptheritis.—(*Jour. de med. et chir. prat.*)

M. Bottini, principal surgeon to one of the Venetian hospitals, employs a solution of 2 or 3 parts of carbolic acid to 100 of water. He has found this to advantageously modify suppuration and to favor cicatrization. Numerous cases of gangrenous ulcers, diffused phlegmon, and necrosis, have been rapidly modified by this solution.—(*Giorn delle Venetie.*)

M. Horand uses pulverized ether to painful ulcers, covering with a layer of cotton. The ether must be applied until the skin becomes pale; its actions are sedative, astringent, drying, protective or isolating, and antiseptic. The ether coagulates the albumen, thus preventing fermentation; dissolves the fat, and sulphur, and absorbs the ammoniacal gas. The cicatrization of the ulcers is thus hastened by protecting them from the contact of air, and by preventing fermentation from becoming developed upon their surface.—*Gaz. Med. de Lyon.*

Chilblains.—Dr. Anthony of Oregon writes, that he has found alum the best remedy for this troublesome affection. He uses it in the proportion of one ounce to the pint of water, bathing the part two or three times a day, for half an hour each time. Blisters will raise, which should be punctured, and afterwards dressed with some healing ointment.

Remedy for Diabetes.—I wish to communicate to the profession through your Eclectic Journal, a remedy which I have discovered for diabetes, which I have found to be one of the most efficient remedies I have ever used or known to be used. If you think it worthy you can give it place in your Journal, under the head of Varieties, to wit:

Pure sulphate of iron, any quantity, put into an iron vessel and thoroughly dried, (called burnt copperas), finely pulverized, kept in a closely stopped bottle: dose from 2 to 5 grs. three times per day, in pill form. I have used it for eight or ten years in a number of cases, and I have never known it to fail. C. W. Price.

Improved Tooth Forceps.—Many physicians do not like forceps because they cannot exert the necessary force in back teeth. The way I always use the Molar forceps is the following: (one pair being sufficient for all cases, no difference how hard to pull). Under the joint I lay 2 pieces of wood (not pine) about ¾ inch thick and 1 inch long, beveled off in front, and tie I moderately tight with any string. This I let rest on the next tooth before, using this tooth as a fulcrum, and the handle as a lever, the wood protecting the tooth perfectly. Not much

difference if there be a gap between the teeth, only the power will not be quite so great. Try it, and it will never disappoint. Does not need any twisting or prying, just lift the tooth right straight out. Cut the gums and take hold deep.

S. WINDHURST, M. D.

A Meeting of Eclectic Physicians—is to be held at the City of Owatonna, Minnesota, on Wednesday the 26th of May, for the purpose of taking into consideration the formation of a State Eclectic Medical Association, for the further advancement of Eclectic principles in this State, and to transact business which is of vital importance to the medical profession. And it is to be hoped that a full attendance of Eclectic Physicians will be present.

For Sale,—The undersigned has a number of fine linen abdomino-uterine Supporters, with Perineal band, which he can sell for $5.00 each, the origional price being $8.00. The three sizes will suit the following measurements: Around the waist, 25, 33 and 21 inches; around the hips, 38, 40 and 30 inches; from the back to the front of the waist, underneath perineum, 32, 33 and 27 inches. They are made with corset strings at the sides so that they can be let out and adapted to measurements some larger than the above.

Address J. P. MARVIN, M. D., 228 Court St., Cincinnati.

Died—.On April 20th, at Mt. Carmel, Ohio, of apoplexy, Mrs. RUTH LAFAYETTE, wife of Thomas Lafayette, M. D., aged 49 years.

RECEIPTS FOR THE JOURNAL TO MAY 20.

J B Chapman 2, Andrew Moore 1, J D Minard 2, A J Neevel 2, Milton Jay 2, J C Andrews 2, Abel Ford 2, E Mann 2, Henry Stoekinger 1, Samuel Leonard 2, J A Bowman 2, Isaac Smith 2, G M Alsdurf 2, F M Ihrig 2, R B White 2, M G Decrow 2, M B Amold 2, M P Alexander 1 25. Elias Jessup 2, M F Dumas and Co 2, T E Griffith 2, E B Barnes 2, W F Coombs 3, E W Jenkins 2, H Cartine 2, C N Hanck 2, J B Denman 2, O A Palmer 2, C Rigg 2, Mrs E Dyson 2, W V B Ames 2, J W Price & son 3, H Danforth 2, S B Lightner 2, John Adell 2. C M Preston 2, C J Curtis 2, E Walker 2, A W Bickford 1, Isaac B Clayton 2, S J Quinby 3, Edwin Freeman 2, Wm M Quigley 2, James Hays 2, L H Clark 2, G L Tinker 1, G H and W B Preston 2, S F Wehr 2. J H Mullin 1, A J Bacon 2, Jas H Griffith 2 L A Webster 2, Geo Coovert 2, J H Eversole 2. J Wood 2, J G Denham 2, B J Stow 2, David Surber 2, Wm B Arrington 2 25. J W Allen 2, F C Hawley 2, J F Palmer 2, A L Rice 2, D D Gist 2, Jas H Allbritton 2, J R Johnson 2, A W Dorsey 2, J M Faust 2, F J Young 2, J A Salisbury 2, Mrs C A Dayton 2, Mrs C G Adkins 1, E Foster 2, B S Clavenger 1, A J Emeis 2, B F Stevens 2, R H Howard 2, J M Davis 2, J J Alford 3, Rufus White 2, J H Buecking 2, August Demont 2, A P Taylor 1 50, A S Clayton 2, A M Powers 2, L M Bookwalter 2, J B Conaway 2, B F Watson 2, H L Matthews 2, J S Hampshier 2.

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TWENTY-FIFTH

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TWENTY-FIFTH.

ANNUAL ANNOUNCEMENT.

With a quarter of a century's active labor in effecting the reform in medicine known as "Eclecticism," the Eclectic Medical Institute again presents its claims to a liberal support. The Faculty and Board of Trustees feel a just pride in referring to the past of the Institute, which has given instruction to 4406 students, and graduated 1409. With but few exceptions, these have been active and successful practitioners, establishing Eclecticism in every part of our broad country, and reflecting honor upon the College giving them instruction.

The past year has been successful, not only in respect to numbers, but in the attainments of the class. The Winter session numbered 119 matriculants, with 44 graduates; and the Spring session 69 matriculants, and 35 graduates; and this, notwithstanding the active competition of new schools, low fees, and hard times.

This College may be said to have initiated the Eclectic school of medicine, and has always been foremost in its advancement. At no period of its history has it failed in its advocacy of a sanative system of medicine, or ceased its efforts for further improvement. In the present, as in the future, they expect to work unitedly towards a scientific practice of medicine, in which the action of remedies will be direct and specific. Very much has been done in this direction, and the practice of medicine as taught in this College has a positiveness, and yields a success not heretofore known.

As the object is to fit young men to *practice* medicine, the teachings are very thorough and practical. Especial attention is given to the *facts* of medicine, and theories are ignored as much as possible. During its entire history, its Faculty have recognized the fact that permanent success must depend upon intrinsic worth. And while they have ever been foremost to develop new truths, and to test everything of apparent value in practice, they have at the same time endeavored to restrain the running after vagaries.

Many times students read to but little advantage, because they have no means of knowing what is really essential, and no system of study. They read at random, here a little and there a little, and the result is a very imperfect and crude knowledge of all the departments of medicine to show for their two or three years of office study. Now as the medical collegiate course is but preparatory to a thorough medical education, it is advised that the first course of lectures be attended as early as possible. In this the student learns *how* to study, and *what* to study, and is afterwards able to pursue his studies intelligently, to be of aid to his preceptor, in which necessarily he acquires a knowledge of the art of prescribing.

In many cases young men find it difficult, if not impossible, to obtain office instruction. Physicians in active practice do not wish to be bothered by students who have everything to learn, and can give no assistance. To such the College furnishes facilities for a thorough medical education, at a small cost, by means of scolarships. A young man attending one or two courses of lectures in this way, can always get into a physician's office to pursue his studies if he so desires. This course is the shortest as to time, and at the same time the most complete and thorough. A two years' course of study, embracing four sessions of lectures, at a cost of $140, is a better preparation for practice then the ordinary three years' reading and two sessions of lectures.

The attention of physicians is especially directed to this point, as being of great interest to them. The best way to get assistance is to develop it from home material. And to have a trained assistant it is only requisite to have a capable young

man to take his one or two courses of lectures before going in the office. Those who have tried it, commend it as decidedly the best course both for the student and practitioner. We have letters every week asking that we send students and graduates to take new places, or aid practitioners already established. A little effort on the part of our physicians would furnish a sufficient number to supply this demand.

CHARTERED PRIVILEGES.

It was chartered by special act of the Legislature after a fair investigation of the merits of the system of practice, and the standing of its supporters, and was granted all the rights and immunities belonging to any Medical College in the United States. The course of instruction and requirements for graduation are specified by the Act, and the degree of Doctor of Medicine is conferred by the law of the State, and not by irresponsible parties who this year may have an existence, but next year be numbered with the things that were.

THE PARENT SCHOOL.

It is the parent school, dating back to the time when Eclectics were counted by tens, instead of as now by thousands. During its existence it has had 4406 students, or an average of 183 yearly, and 1409 graduates. Its students may be found in every part of our country, and have had more than the usual amount of success, building a permanent reputation for themselves, the cause, and the College in which they were educated.

IT IS PERMANENT.

Permanency of a Medical College is a very important matter to the student, especially to the graduate, as a diploma from a defunct institution is almost worthless. The Eclectic Medical Institute has owned its own College building for twenty-five years, *is out of debt*, and has survived those fearful financial crises that have shipwrecked so many of its imitators and rivals. It possesses all the elements of strength in abundant facilities for instruction, an able Faculty, and the prestige of twenty-six years successful teaching.

COURSE OF STUDY.

During the past few years, some of the Medical Colleges of this country have endeavored to increase their matriculants by advertising a large corps of professors, and teaching accessory branches. True, no one can learn too much, and especially the medical student. But if he will glance over the text books of the six or seven departments that are *absolutely essential* to fit him for practice, he will see that he has time for nothing more. Indeed it requires every effort to master them in his two or three sessions of lectures. With this knowledge on the part of both teacher and the profession at large, it seems strange that such vagaries should be entertained.

One capable teacher in each department, we regard as much better than two or three; as the subject is then more completely arranged, and gives opportunity for the development of underlying principles, So, also, is it a great advantage that the student have text-books prepared by the lecturer. As this gives harmony in arrangement and matter between oral teaching and the study out of lecture hours. In this respect, the Eclectic Medical Institute is especially favored, as almost all the prominent works of the school have been issued by its Professors.

While they deem clinical lectures of much importance, they can not allow them to take the place of anatomy, physiology, chemistry, pathology, and the other fundamentals of a medical education. If a student were taking a University course of five or six years, much of it might be spent in this way. But as it is, he is only qualified for clinical instruction when he finishes his collegiate course. Indeed those colleges that advertise so much clinical teaching, either do not give it, or if they do, the course is very imperfect and broken. Our students have six hours a week in hospital, besides such cases as are presented by the Professors, which we think enough.

HOSPITAL FACILITIES.

Our students attend the Cincinnati Hospital on the same terms as those from other Medical Colleges; the material for instruction is ample, and the lectures good.

The new Hospital is now completed for use, and is conceded to be one of the largest and best appointed in the United States, giving room for 1500 beds.

TIME OF COMMENCING LECTURES.

The regular session will commence on Monday, the 18th of October, 1869, and will continue 16 weeks. There will be daily preliminary lectures from the 11th of October, at which time the demonstrator's department will be open. The Spring session will commence immediately after the close of the Winter session.

EXPENSES.

The fees, including Matriculation, Tuition, and Demonstrator's ticket, will be $70. Graduation, $25. *The fees are cash in all cases.* Board can be had at from $4.00 to $5.00 per week.

A CERTIFICATE OF SCHOLARSHIP is issued by the College for $125, entitling the holder to attend as many courses of lectures as he wishes previous to graduation.

REQUISITES FOR GRADUATION.

The candidate must be twenty-one years of age; must possess a good moral character; must have read medicine two years, and have attended two courses of lectures, one of which must have been in this Institution; or he must have attended three courses with intermediate reading, or he must have practiced four years, and have attended one course of lectures.

TEXT-BOOKS.

CHEMISTRY—Wells, Stockhardt, Fowne. MATERIA MEDICA—Jones and Scudder, King's American Dispensatory, Pereira. PHYSIOLOGY—Draper, Dalton, Carpenter, Lehman's Physiological Chemistry. THEORY AND PRACTICE—Scudder, Jones, King, Beach, Wood. SURGERY—Hill, Erichsen, Syme. ANATOMY—Gray, Wilson. OBSTETRICS—King, Scudder.

BOARDING.

We take especial pains to select boarding in private houses, where our students will have the comforts of a home, and at the same time have quiet rooms to pursue their studies. To accommodate those of limited means, the Treasurer provides rooms where students may board themselves, bringing their expenses below three dollars per week. Those who intend to pursue this course, would do well to write three or four weeks in advance, and bring with them a sufficient quantity of bed covering.

INFORMATION.

Students arriving by Railroad, will do well to take the omnibus ticket, and have their baggage taken immediately to the College Building, corner of Court and Plum streets, where they will get all necessary information in regard to boarding, etc. Letters to students, should be addressed to "care of Eclectic Medical Institute, Court and Plum streets." But money packages by express, and letters containing valuables, should be to the care of John M. Scudder: thus preventing trouble in identification, and danger of loss. The Treasurer of the Institute will also receive the money of students on deposit, and pay it to them as they may need it during the session. The attention of the student is especially called to this paragraph, as it may save him much trouble, if not actual loss.

The office of the College is at 228 Court street, in the College Building, where students will report on arrival, and procure their tickets.

For further information, address—

JOHN M. SCUDDER, M.D.,
Box 146, Cincinnati.

STUDENTS.

MATRICULANTS OF WINTER SESSION, 1868-9.

NAMES.	PRECEPTORS.	RESIDENCE.
James A. Rollins	Young Cowan, M. D.	Canada.
Nathan F. Canaday	George E. Swan, M. D.	Indiana.
Carl M. Maxfield,	W. W. Bryant, M. D.	Illinois.
Judson D. Burns	D. M. Keith, M. D.	Ohio.
William H. Vinson	J. P. Dice, M. D	Missouri.
John Carney	S. M. Wirk, M. D	Indiana.
John W. Wheeler	N. L. Isgrigg, M. D.	Indiana.
Christopher M. Hughey	——— Elder, M. D.	Indiana.
Herbert T. Webster	H. L. Taylor, M. D.	New York.
Owen A. Palmer	Ira A. Thayer, M. D.	Ohio.
John H. Molony	J. H. Tufford, M. D.	Ohio.
James P. McIlwaine	S. D. Shepard. M. D.	Indiana.
George W. Courtney	T. F. Owens, M. D.	Missouri.
James P. Paxton	F. C. Williams, M. D.	Kentucky.
John S. Tylor	F. W. Ransom, M. D.	Tennessee.
Jacob Rosenberg	Practitioner,	Ohio.
John S. Hougham	Practitioner	Indiana.
James Sample	William Thomas, M. D.	Ohio.
Thomas Gage	T. C. Winston, M. D.	Virginia.
James Cooper	Practitioner	Ohio.
Thurston B. Morris	S. T. Hall, M. D.	Iowa.
Christian Hipple	W. R. Bryson, M. D.	Minnesota.
Samuel P. Thornton,	Q. M. Wagerath. M. D.	Kansas.
Marion O. Hastings	S. B. Tucker, M. D.	Mississippi
Orin F. Chadwick	S. Y. Thompson. M. D.	Ohio.
Seth Y. Stevens	James Monk, M. D.	Illinois.
John T. Swan	J. T. Evans, M. D.	Indiana.
Leroy S. Jones	P. R. Field, M. D.	New York.
Thomas P. Hutchinson	J. S. Beal, M. D.	Penn.
John H. Shaw	W. R. Halliday, M. D.	New York:
Samuel Parker	John W. Parker. M. D.	Iowa.
Washington T. Banks	George Burroughs, M. D.	Ohio.
James Howlit	Jacob Parsons	Illinois.
Wilshire Smith	T. W. Smith, M. D.	Kansas.
Jared R. Culver	T. E. Williams, M. D.	Missouri.
John S. Bishop	L. R Samuels, M. D	Idaho.
Lewis S. Lowry	J. H. Barber, M. D.	Missouri.

NAMES.	PRECEPTORS.	RESIDENCE.
Uriah Renner	Wm. Eckermyer, M. D	Ohio.
Samuel A Flickinger	G. L. Hensley, M. D	Ohio.
Thomas Tanner	Dr. Graham	Canada.
David Williams	E. M. Shaw, M. D	Michigan.
Marion G. Decrow	Drs. Stimpson & Williams,	Ohio.
Samuel S. Boots	J. W. Parish, M. D	Indiana.
George S. Woodruff	Charles Woodruff, M. D	Indiana.
George W. Lambert	O. E. Tillson, M.D	Ohio.
Joseph P. Bennett	C. D. Rice, M. D	Indiana.
Albert Reynolds	N. Doyle, M. D	Illinois.
John Blanchard	Practitioner	Illinois.
Richard M. Fulkerson	Dr. Bozarth	Illinois.
James M. Williams	C. Surface, M.D	Ohio.
John L. Craig,		Ky.
Edward B. Bracey	D. Wright. M. D	Ohio.
Oliver H. P. Shoemaker		Iowa.
Francis M. Abbett	Drs. S & C. H. Abbett	Indiana.
Jacob J. Frey	Wm. Eckermyer, M. D	Ohio.
Charles W. Gapin	J. B. Shultz, M. D	Indiana.
Martin J. Crockett	J. B. Shultz, M. D	Indiana.
Dwight S. Babbitt	J. N. Mason, M. D	Wis.
Levi Spitler		Ohio.
W. Leroy Leister	Wm. R. Leister, M. D	Indiana.
Thomas W. Smith	J. B. Shultz, M. D	Indiana.
Nelson G. Smith	Dr. Walker.	Indiana.
William J. Crawford	J. P. Robinson, M. D	Ohio.
Joseph A. Munk	D. H. Rosenberg, M. D	Ohio.
Francis C. Estabrook	Drs. Bobbs & Tedrell	Ohio.
Jacob A. Grove	J. M. Shoemaker, M D	Ohio.
John F. Spencer	N. L. Isgrigg, M. D	Indiana.
Peter T. Goslin	J. R Johnson, M. D	Wisconsin.
Joseph Samuson	S. Y. Evans, M. D	Ohio.
Thomas J. Neil	W. R. Sawyer, M. D	Indiana.
William Winship	E. R. Winship, M. D	Minnesota.
John W. Goodwin	D. W. Warren, M. D	Illinois.
Philip D. Reefy	W. C. Chaffee, M. D	Ohio.
Jacob W. Blasdel	Sanford Flood, M. D	Indiana.
James Faith	F. P. Antle, M. D	Illinois.
Martin S. Mosteller	Edward Mosteller, M. D	Illinois.
Rankin Smith	John H. Wiley, M. D	Iowa.
John Frey	William Prince M. D	Ohio.
Levi Minard	Z. Freeman, M. D	Nova Sco.
Robert M. Buckham	Dr. Buckham,	Missouri.
George M. D. Clements	T. C. McKinney, M. D	Tennessee.
David Francis Blagg	C. R. Morgan, M. D	Ohio.
Godfrey L. Beaumont	Wm. Beaumont, M. D	West Va.
Frank Cornwall	E. H. Carter, M. D	Iowa.
John D. Horn	J. V. Webster, M. D	Ohio.
Thomas Crandell	D. Yingling, M. D	Indiana.

NAMES.	PRECEPTORS.	RESIDENCE.
John B. Conaway	John Conaway, M. D	Iowa.
Charles D. Conaway	" " "	Iowa.
William W. Clark	D. W. McCarthy, M. D	Ohio.
Hiram Andrews	A. Andrews, M. D	Ohio.
Solomon L. Reefy	Dr. Wolf	Ohio.
Ansel M. Eidson	J. B. Shultz, M. D	Indiana.
Abraham Kimmel	George Crawford, *M.D*	Indiana.
Jacob T. Reynolds	Dr. Hankins	Illinois.
Paul Marsters	Steven Marsters, M. D	Illinois.
Charles W. Morrow	Dr. Sampsel,	Ohio.
Oscar E. Yates	Dr. Church,	Michigan.
Christian B. Bright	O. F. Edwards, M. D	Ohio.
Frank S. Shaw	E. Luellen, M. D	Ohio.
Samuel J. Smith	John Hooker, M. D	Mass.
Stephen M. Rolph		Illinois.
John G. Borrow	J. S. Burr, M. D	Ohio.
Hiram G. Miller	L. C. McKinney, M. D	Illinois.
Robert P. Davis	Dr. Hunt,	Indiana.
Thomas E. Griffiths	B. T. Jenkins, M. D	Ohio.
Cochran Fulton, M. D		Ohio.
James Sirpless	Dr. Stevens,	Illinois.
Robert Lytle	A J. Gaskins, M. D	Ohio.
Alexander W. Swan	Dr. Dickey	Ohio.
Hiram K. Miller	Dr. Moore	Ohio.
Joseph Fellers	S. Fellers, M. D	Illinois.
Emery M. Hale	J. M. Flood, M. D	Ohio.
John A. Dix	A. J. Weston, M. D	Ohio.
Amos Hildreth	Dr. Wakefield	Illinois.
David B. Taylor	Dr. Wheeler	Illinois.
John H. Rosenberg	Practitioner,	Iowa.
John B. Northern	Practitioner	Tenneesee.
David B. Hale	J. M. Butcher,	Ohio.

Total 119.

MATRICULANTS OF SPRING SESSION, 1869.

NAMES.	PRECEPTORS.	RESICENCE.
John T. Swan	J. T. Evans, M. M	Indiana.
Wooster B. Morris	S. T. Hall, M. D	Iowa.
Charles Thomson	James Stout, M. D	Ohio.
James Winship	John H. Brown, M. D	Kentucky.
Marcus E. Smiley	Charles O. Thorp, M. D	Penn.
Warren C. Wing	Ezra Wing, M. D	New York.
Washington T. Banks	George Burroughs, M. D	Ohio.
Peter T. Watson	Samuel Watson, M. D	Wisconsin.
Edwin J. Somers	John Jones, M. D	Indiana.
John A. Dix	A. J. Weston, M. D	Ohio.
John M. Wright	E. P. Jones, M. D	Indiana.

NAMES.	PRECEPTORS.	RESIDENCE.
Richard A. Gwin	W. P. Johnson, M. D	Mississippi.
William P. Waldrip	J. W. Ritchie, M. D	Mississippi
Herbert T. Webster	H. L. Taylor, M. D	New York.
James W. Wilson	William Prince, M. D	Ohio.
William H. Vinson	J. P. Dice, M. D	Missouri.
Hiram K. Miller	Dr. Moore,	Ohio.
James P. Dice	Dr. Wilson,	Missouri.
John Carney	S. M. Work, M. D	Indiana.
Judson D. Burns	D. M. Keith, M. D	Ohio.
James A. Rollins	Young Cowan, M. D	Canada.
William Henry Brawn	Young Cowan, M. D	Canada.
George F. Caps	J H. Reynolds, M. D	Alabama
Benjamin T. Watson		Tennessee.
Isaac L. Dobbs	William M. Johnson, M. D	Illinois.
John F. Spencer	N. L. Isgrigg, M. D	Indiana.
Samuel J. Flickinger	G. L. Hensley, M. D	Ohio.
James Sirpless	Dr. Stevens,	Illinois.
Samuel S. Baldwin	Dr. Baldwin	Indiana.
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Sampson S. Sargent	N L. Isgrigg, M. D	Indiana.
John W. Potts	John Everson, M. D	Indiana.
John H. Molony	J. H. Tufford, M. D	Ohio.
David B. Hale	Drs. Butcher & Wagstaff	Ohio.
Zachary Taylor Housman	B. Gard, M. D	Indiana.
Joseph M. Cook	M. E. Phillips, M. D	Indiana.
Uriah Renner	Wm. Eckermyer, M. D	Ohio.
Charles D. Potter	A. Potter, M. D	Ohio.
John Frey	Wm Prince, M. D	Ohio.
James M. Williams	Charles Surface, M. D	Ohio.
John G. Denham	N. S. Sampsel, M. D	Ohio.
William W. Clark	D. W. McCarthy, M. D	Ohio.
Marion Green Decrow	Drs. Stimpson & Williams,	Ohio.
Anthony P. Taylor	G. W. Holmes, M. D	Ohio.
Francis C. Estabrook	Drs. Bobbs and Tedrell	Ohio.
Jacob J. Millhouse	Practitioner	Ohio.
William W. Small	L. C. Vernon, M. D	Ohio.
Solomon L. Reefy	P. D. Reefy, M. D	Ohio.
Oscar B. Sutton	John Gaskins, M. D	Ohio.
John B. Conaway	John Conaway, M. D	Ohio.
Thomas W. Watkins	Dr. Gould	Michigan.
Samuel C. Hall	Dr. Landsdown,	Illinois.
Absalom L. Foreman	W. W. Houser, M. D	Illinois.
John W. Armstrong	Dr. Stimpson,	Ohio.
George T. Eubank	J. M. Flood, M. D	Ohio.
William W. Moats	S. T. Williams, M. D	Ohio.
George D. Darnell	Drs. Hull & Rowe,	Illinois.
Daniel F. Chapman	Dr. Wohlgemuth,	Illinois.
John R. Higgins	Dr. Stroup	Ohio.
Nathan Engle	D. L. Terry, M. D	Minnesota.

NAMES.	PRECEPTORS.	RESIDENCE.
Newton S. Pendery	Dr. Shepard,	Indiana.
John H. Eversole	D. C. Eversole, M. D.	Indiana.
Robert P. Davis	Dr. Hunt,	Indiana.
Michael Ferris, M. D.		Kentucky.
John B. Rathbun	Practitioner	Illinois
Randolph F. Bryant	O. M. Beck, M. D.	Ohio.
Sylvanus Rowe	Practitioner,	Michigan.
Abram M. Powers	W. H. Brown, M. D.	Ohio.

Owen A. Palmer, M. *D.* Total 69.

GRADUATES OF WINTER SESSION, 1868-9.

NAMES.	SUBJECT OF THESIS.
LEVI SPITLER	Typhoid Fever.
SAMUEL J. SMITH	Tetanus.
WILLIAM J. CRAWFORD	Past, Present and Future of Medicine.
NELSON G. SMITH	Nervous System.
ROBERT N. BUCKHAM	Phthisis Pulmonalis.
THOMAS TANNER	Scrofula.
CHARLES W. GAPEN	Pneumonia.
ALBERT REYNOLDS	Effects of Alcoholic Drinks.
CHARLES W. MORROW	Infantile Fever.
CHRISTIAN BEERY BRIGHT	Spermatorrhœa.
LEVI MINARD	Diseases of Nova Scotia.
ALEXANDER W. SWAN	A Remedy for Jaundice.
PHILIP D. REEFY	Thesis and Greenroom.
MARTIN S. MOSTELLER	Life and Death.
EDWARD B. BRACY	Ascites.
DWIGHT SNELLEM BABBITT	Myeletis.
JACOB A. GROVE	Diseases Peculiar to Females.
AMOS HILDRETH	Chlorosis.
HIRAM G. MILLER	Hydrophobia and its Preventive.
THOMAS CRANDEL	Intermittent Fever.
JOSEPH BEACH BENNETT	Catheterism.
JACOB J. FREY	Specific Medication.
FRANCIS C. SHAW	Intermittent Fever.
JOSEPH FELLERS	Remittent Fever.
GEORGE W. COURTNEY	General and Special Sensibility.
OWEN A. PALMER	Etiology.
JAMES FAITH	Excrementitious Secretion.
JOHN J. BROWER	Intermittent Fever.
THOMAS E. GRIFFITHS	Dysentery.
OSCAR E. YATES	Fracture of the Condyles of the Femur.
CHRISTOPHER M. HUGHEY	Remittent Fever.
GODFREY L. BEAUMONT	Pneumonia.
GEORGE M. DALLAS CLEMENTS	Hygiene.
JACOB T. REYNOLDS	Eclecticism.

NAMES.	SUBJECT OF THESIS.
JOSEPH A. MUNK	Acute Rheumatism.
ANSEL M. EIDSON	Potentilla Tormentila.
DAVID FRANCIS BLAGG	Nutrition of the Body.
DAVID B. TAYLOR	Typhoid Fever.
PAUL MARSTERS	Small Pox.
JACOB ROSENBERG	Pneumonia.
JOHN S. HOUGHAM	Catarrh.
JOHN B. NORTHERN	Rheumatism.
HIRAM ANDREWS	Diarrhœa.
JOHN H. ROSENBERG	Diseases of the Rectum.—44

GRADUATES OF SPRING SESSION, 1869.

URIAH RENNER	Reproduction.
JAMES P. DICE	Cerebro-spinal Meningitis.
GEORGE T. EUBANK	Typhoid Fever.
JOHN B. RATHBUN	Intermittent Fever.
JAMES W. WILSON	Cholera Infantum.
NATHAN ENGLE	Phthisis Pulmonalis.
ABSALOM L. FOREMAN	Anæmia.
HERBERT TRACY WEBSTER	The Progress of Medicine.
DAVID B. HALE	Necrosis.
JAMES H. ROLLINS	Psychological Medicine.
JOHN B. CONAWAY	Diphtheria.
JAMES M. WILLIAMS	Typhoid Fever.
JOHN F. SPENCER	Anæsthetics in Parturition.
FRANCIS C. ESTABROOK	Fevers.
MARION GREEN DECROW	Scarlatina.
JACOB J. MILLHOUSE	Pneumonitis.
WILLIAM H. G. BRAWN	Spermatorrhœa.
THOMAS W. WATKINS	Urethral Gonorrhœa.
JOHN H. EVERSOLE	Wine and Distilled Spirits as Medicine.
JOHN CARNEY	Puerperal Fever.
JOHN H. MALONY	Cholera.
ROBERT PALMER DAVIS	Spermatorrhœa.
GEORGE D. DARNALL	Requisition and Duties of a Nurse.
DANIEL F. CHAPMAN	The Nervous System.
WILLIAM W. CLARK	Fractures.
JAMES SIRPLESS	Erysipelas.
SAMUEL A. FLICKINGER	Syphilis.
WILLIAM H. VINSON	Calculi.
SAMUEL C. HALL	Erysipelas.
FRANK CORNWALL	The Human Temperatments.
SYLVANUS ROWE	Indigestion.
ABRAM M. POWERS	Diphtheria.
NEWTON S. PENDERY	Aconitum Napellus.
WILLIAM WALLACE MOATS	Miasmatic Remittent Fever.
RANDOLPH F. BRYANT	—35.

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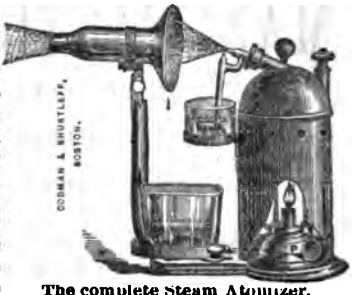

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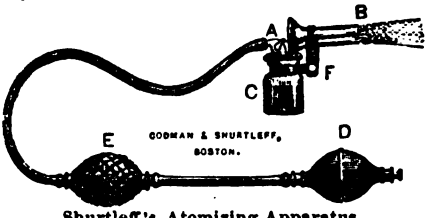

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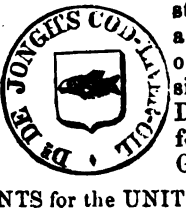

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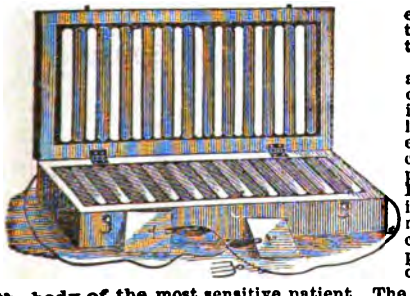

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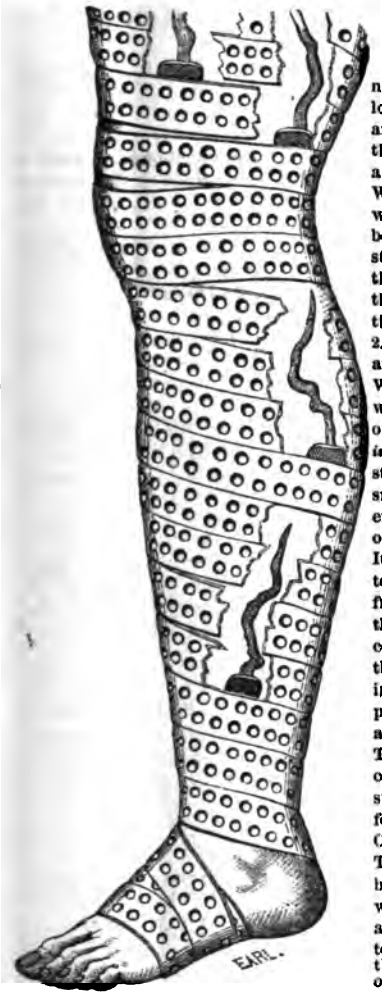

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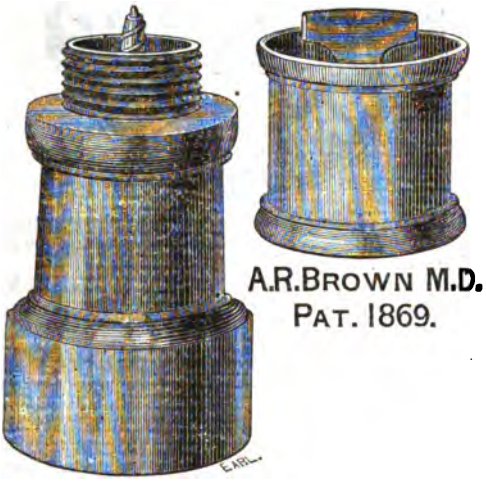

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VOL. XXIX. JULY, 1869. No. 7.

ORIGINAL COMMUNICATIONS.

ART. XXXII.—*Advanced Phases of Constitutional Syphilis.* BY A. JACKSON HOWE, M.D.

True syphilis, in the course of its evolution, exhibits a series of phases, which are sufficiently regular in the order of development to be anticipated and recognized by a tolerable observer of syphilitic phenomena. The disease begins with inoculation, and after a season of incubation, embracing twenty days, more or less, a hardened papule is developed at the point of contagion. This papule soon changes into a painless, desquamating, indurated ulcer, the history of which, together with that of the local and general lymphatic disturbance, constitutes the first or *primary* phase of the disease. The *article* on chancre in the preceding issue of the *Journal* was devoted to the early phase of syphilis, as well as to soft, simple chancre, which begins and ends in the local sore, and an occasional inguinal complication. True syphilis, which, in its general characteristics, is as distinct from that form of venereal malady manifested only in local chancre as a rat from a mouse, or a cedar from a pine, has several advanced phases, ordinarily called the *secondary* and *tertiary* forms of the disease.

In the course of six or eight weeks after the primary sore exhibits itself, a feverish state of the body comes on, the paroxysm occupying a portion of each day. The attack is generally preceded by rigors, frontal headache, nausea, &c., and is attended or followed by lassitude, mental depression, and rheumatic aches of the bones, joints, and muscles. This febrile disturbance may continue several days, filling the patient with forebodings of impending evil, and changing a usually fresh appearance into that of a bilious, sickly pallor. Eruptions of measles, small-pox, and other diseases, are apt to be

preceded by feverish excitement; and syphilis, instead of forming an exception to the rule, exhibits the tendency in a marked degree.

After the fever, headache, sweats, &c., have lasted a week or two, a macular eruption, reddish at first, then coppery in hue, makes its appearance upon a great part of the front portion of the body. The outbreak relieves the feverish symptoms, and is not usually attended by itching or other disagreeable sensations. The patient suspecting everybody will recognize the nature of the dermic stains, naturally detests the eruption, and demands speedy eradication of the unsightly affliction. Not long after the macular efflorescence is well established, or begins to decline, a papular eruption appears, and scaly patches like common psoriasis take possession of the skin. These are more enduring than the preceding variety. Wherever the clothing chafes, large papules remain with provoking obstinacy and prominence. Disagreeable features of the eruption rarely fail to exhibit themselves sooner or later. Desquamating patches on the scalp thin the hair, and a single papule either in the external meatus of the ear, about the anterior nares, or at the corner of the mouth, are among the hateful complications. Enlargement of the cervical lymphatic ganglia is a common attendant of the papular and desquamating forms of eruption about the head. The palms and soles, when attacked with the later phases of syphilitic eruptions, shed the thick cuticle in flakes, rendering the exposed surfaces tender and fissured. The skin affection reaches the nails at their free extremities, sides, or roots, and makes them rough, brittle and painful. A characteristic feature of all syphilitic manifestations is, that there always exists a disposition or tendency to relapse, which is quite discouraging to a patient dejected and demoralized by the prolonged presence, in one form and another, of a disgusting disease. There are two varieties of papular eruption, which rarely present themselves. The one takes the form of minute specks, red at first, then brown, and shows itself mostly upon the face, neck and shoulders; the other, a lenticular blotch, rosy red at first, then coppery and brown, which appears on the forehead, upper lip, front of the body and inner aspects of the limbs, sometimes assuming a circular or sigmoid form;—both manifest themselves late in the disease, and need about the same treatment as the others. No fluid escapes from macular or desquamating eruptions which is communicable to a healthy person, unless a papule near a mucous surface discharges an ichorous or purulent fluid, which is probably rendered virulent by a commingling of other secretions.

Mucous tubercles, condylomata or moist papules, are a common and often troublesome form of syphilitic eruption. They show themselves about the lips, tongue, nates, perineum, and

external genitals. In females, mucous tubercles are especially annoying, and sometimes constitute the leading feature of the venereal taint, thereby inviting the opinion that the eruption is a local disorder. The secretions of these papules are contagious in a moderate degree, imparting syphilis not in its primary form, as exhibited in chancre, but in its more advanced phases, corresponding in some degree to the stage of the disease from which the poison is taken.

Syphilitic eczema, herpes, rupia, and other variations from the commoner forms of eruption, are occasionally seen in old "stagers" who never make a determined effort to rid themselves of the disease, and who, by debauched habits, never give the recuperative powers a fair opportunity to eradicate the evil. It is not uncommon to see old prostitutes with a creeping, nodular or pustular exanthem upon the forehead, lip, or chin, which slowly heals, leaving a permanent shining white scar below the level of the surrounding unaltered skin. Appearing among the later or more advanced periods of the disease, they seem to belong to tertiary phenomena. An unwelcome, though not necessarily a consecutive feature of the disease, is a general loss of the hair. Other devitalizing forms of disease are attended with alopecia; but in company with unsightly eruptions, ulcerations, and other prominent marks of syphilis, the capillary waste is deplorable. Sometimes the brows, lashes, beard, and pubic hairs fall, leaving the patient bald and bare. Fortunately this state does not last many weeks. At length new and vigorous hairs grow in place of those which are lost. Falling of the hair, and disease of more or less of the finger nails do not attend the macular but the papular and scaly eruption of the body.

The syphilitic fever, which precedes the eruptions, does not always wholly vanish upon their appearance. Rheumatic pains, chilly sensations, night sweats, cough, emaciation, mental and physical prostration, and other evidences of a marked "decline," continue for weeks into the eruptive stage of the disease, before there is a decided reaction. The tongue remains persistently coated, the appetite is lost, the breath vitiated, and the skin takes on a shrivelled, dusky appearance. The patient, from disturbed sleep, loss of flesh, jaundiced complexion, and other marks of prostration, looks prematurely old.

The mouth and pharynx are favorite sites for secondary syphilitic phenomena. Partly independent of, and partly associated with, eruptions upon the skin, even before the primary lesion has healed, tubercles, papules, fissures and ulcers appear upon the tongue, tonsils, uvula, pillars of the fauces, lips and inner walls of the cheeks. A rough projecting tooth often produces an ulcer upon the tongue or part of the cheek chafing against it; and a sore upon one lip is almost sure to produce ulcera-

tion of the other lip, by irritative contact. Erosions of mucous tubercles make shallow ulcers, and the degeneration of nodules causes the deeper ulcerations which are sometimes quite destructive of the soft palate and fauces. Occasionally the soft palate is perforated, a condition which alters the voice, and allows fluids to pass into the nasal cavities during deglutition.

The posterior wall of the pharynx may, for a time, become the seat of ulceration, which in appearance is so near like the ordinary mucous membrane covered with discharges from the posterior nares, that a careful examination with swab or spatula is sometimes required to determine the real state of the parts. An ulcer in that region, if it expose the bone and establish necrosis, endangers the integrity of the spinal cord at a vital point.

Syphilitic ulcerations of the throat in rare instances, extend to the epiglottis and larynx, though they are much more likely to confine their erosions to the boundaries of the fauces. Attending syphilitic action in the mouth and throat, there is always a profuse secretion of viscid mucus and saliva, causing the patient to cough, hawk, and spit almost continuously.

Cases are reported in which stricture of the œsophagus, duodenum, colon, and other parts of the alimentary canal, has arisen from cicatrices following syphilitic ulcerations. Stricture of the rectum is not uncommon in chronic prostitutes. Sometimes bridles form across the anal outlet, with fissures and false passages to complicate the difficulty. These anal troubles may be remedied from time to time, by bougies, dilators, and other surgical interference, yet the relief is seldom lasting. The constriction and general irritation of the diseased rectum provoke diarrhœa, and keep up muco-purulent discharges. It is possible for the liver, spleen, kidneys and other abdominal viscera to become disordered from syphilitic action, yet the glandular or visceral disturbances arise more from nervous prostration, impaired nutrition, and indirect influences, than from immediate impression of the part affected, or as a regular sequence of venereal contamination. Gummy nodules have been found upon the spleen and in the substance of the liver, yet such conditions could not be determined by any outward signs during life. The stained and bronzed skin is identical in appearance with that arising from other diseases.

The air-passages are subject to syphilitic disturbances. Sores and fissures form around the margins of the nostrils, and about the hair follicles at the entrance of the nasal cavities; and the irritation extends to the inner recesses of the nose, creating a troublesome coryza. Ozæna, or ulceration of the septum narium, is so common an affection among those who have no syphilis in their blood, that it is not safe to pronounce such ulcers as of venereal origin even in patients having a syphilitic taint. Necrosis of the vomer and delicate bones of the nasal

apparatus, produces a disgusting fœtor, and a most unsightly deformity by allowing the bridge of the nose to sink in. Fortunately this unwelcome complication is rare, even in patients who have no treatment, or whose cases are badly managed. Destruction of the cartilages and thin spongy bones of the nasal organ, is so late a phenomena in the progress of syphilis that it has commonly been put down among *tertiary* affections. However, the transition from secondary to tertiary phenomena, and the distinguishing features of the two states or conditions, are so faint, ill-defined and arbitrary, there being no natural boundaries between them, that it is not clear where the nasal difficulties should be classed, *i. e.*, where *secondary* affection of the nose ends, and the *tertiary* begins, even if these old distinctions be kept up.

All eruptive diseases are apt to disturb the lungs, exciting cough and dyspnœa. Syphilis does not constitute an exception to the rule, but by direct action upon the mucous lining of the pulmonary mucous tissues, and an indirect effect upon the lungs through the nutritive organs, it favors and invites tuberculization, and phthisis. A person predisposed to tubercular consumption, places his life in great peril by contracting constitutional syphilis. As has been previously stated, the two diseases have no direct relationship, yet the venereal taint perverts the nutritive processes, obstructs the lymphatics, and for the time breaks down the vital stamina, thereby inviting morbid invasion to an extent that phthisis readily plants itself in the pulmonary structures.

Iritis is not unfrequent during the course of the papular and scaly eruption; and it sometimes appears among the later or tertiary sequelæ of syphilis. Its symptoms are not essentially different from those attendant upon non-syphilitic iritis. Intolerance of light, circumorbital pains, and misty visions are conditions eliciting complaint. The schlerotic coat is marked by a zone of vessels, which radiate from near the border of the cornea; the iris assumes a greenish tint, and shrinks back against the lens, giving greater depth to the anterior chamber; the pupil, in some instances, becomes blocked up with lymph globules, which may ultimately organize and close the pupillary opening. Loss of mobility in the iris is always well marked, even in the lighter cases; and, indeed, the sluggishness or total immobility of the pupil, when exposed to light, is one of the most valuable diagnostic signs of iritis in its earlier stages.

When iritis appears among the later manifestations of syphilis, nodules form not only at the pupillary margin, but in the substance of the iris, favoring adhesions to the lens or cornea, and closure of the pupil. Inflammatory changes in the iris are frequently attended with opaque spots upon the cornea, impaired refractive power in the lens, and derangement of the entire structures of the eye.

Choroido-retinitis, though not as common as iritis during the progress of cutaneous syphilitic affections, is sufficiently frequent to deserve attention. It is difficult to determine whether the retina or choroid membrane is earliest impressed by the morbid action. The two structures sustain such intimate relations to each other that one connot well be inflamed without the other becoming involved in the inflammatory process, therefore a pure retinitis or choroiditis, need not be looked for. The symptoms are quite similar in syphilitic retino-choroiditis to what they usually are in ordinary inflammations of the deep tunics of the eye. There will be pain about the orbits, stony-hardness of the eye-balls, flashes of light and floating spots, dilatation of the pupil, inability to appreciate compound colors, and many other ocular defects peculiar to an amaurotic state of the eye. In some instances the iris and retina are irritated and inflamed more from the anæmia, produced by the devitalizing effects of syphilis, than as a consecutive phase in the evolutions of the disease.

Syphilis is a great devitalizer. It interferes with every function of the body. Its effects are especially observable in the skin, in the mucous membrane, in the lymphatic system, and in the digestive and assimilative operations. The blood, on account of these disturbances of the nutritive system, becomes dilute and impoverished; the nervous centres and nerves failing to obtain their customary supplies of rich stimulating blood, grow irritable and feeble in function. All parts of the body sympathizing and participating in the general wreck and disorder, the sufferer becomes sick from head to foot, and no single remedy or set of remedies can be expected to antidote or neutralize the poison, and at once to restore the disordered functions and parts.

Treatment.—The treatment of constitutional syphilis requires more ingenuity, perseverance, and skill, to bring the disease to a successful issue, than any other curable disorder. Left to itself the malady consumes several years in performing its most varied evolutions. In some individuals the disease does not produce serious lesions, and soon runs out; in others, every morbid phase known to the disease, exhibits itself sooner or later, before the taint seems to be wholly eradicated. The prevalence of syphilis in cities and large towns has necessarily engaged the earnest attention of the best medical and surgical talent in every age and country. Specifics or strictly anti-syphilitic remedies have been sought in every kingdom of nature. During one generation the advocates of purely vegetable agents have prevailed; during another, mineral medicines would gain equal repute, each in turn supplanting the other in therapeutic confidence.

Mercury has been so prominent an agent in the treatment of syphilis, and its use has been attended with such varied success,

that a partisan spirit has been created *for* and *against* its employment. For three or four centuries this battle between the *mercurialists* and the *anti-mercurialists* has been in progress. During the fifteenth century the metal was employed with such reckless indiscrimination that results as baneful as the ravages of syphilis became notorious. The consequence was that those members of the profession constituting the Faculty, threw their influence against the use of mercury, and none but quacks continued its employment. The leading members of the Faculty sought substitutes for mercury; and began to employ guaiacum, sarsaparilla, and other vegetable remedies, which for a century or more entirely superseded the use of quicksilver, except among those who did not belong to the "root and herb" doctors, the then "regulars." At length the quacks, or mercurialists, gained sufficiently in numbers and influence to turn the tables on their antagonists, by convincing the world that syphilis could be subdued under mercurial treatment, and as quickly as with vegetable remedies. This time the mercurialists gained as adherents, the powerfully influential Sydenham, Abernethy and Hunter; and for a century or more the advocates and supporters of mercury as an antisyphilitic, victoriously held the field against all comers. About fifty years ago there arose here and there a powerful opponent to the agent which had such able champions. These antimercurialists boldly asserted that rheumatism, necrosis, and other ills worse than syphilis, were wholly due to the administration of hydrargyrum. They declared that when mercury was given to cure syphilis, the two poisons, in some kind of mystical conjunction, established a compound mercurio-syphilitic disease, which was next to incurable, and more distressing than the original complaint.

The German and Swedish physicians have never been in favor of the mercurial treatment, and some of them have taken a decided stand against the drug. Dr. Fricke, of Hamburg, made experiments with several hundred cases of *venereal* disease, and obtained results overwhelmingly in favor of the non-mercurial plan of treatment. In estimating Fricke's statistics it should be borne in mind that he arranged in his tables all manner of venereal difficulties,—balanitis, abrasions, excoriations, simple ulcerations, etc., as well as true syphilis. In Dr. Fricke's time simple chancres were supposed to possess the power of contaminating the system as well as true syphilis. Other writers, whether they were in favor of, or opposed to, the employment of mercury in the treatment of syphilis, if they did not discriminate between the real and false varieties of the disease, must be classed as the same kind of observers and experimenters as Dr. Fricke. A physician who does not discriminate between the two kinds of disease, may have a dozen cases of local chancre to treat; and, being a supporter of the

mercurial plan, uses that metal under the impression that it will prevent constitutional symptoms. Time passes, and no systemic invasion being manifest, he very naturally argues that mercury was the preventive; and, if he be a stubborn partisan, no kind of argument will convince him of his error. On the other hand if the prejudiced supporter of "simple treatment" manages a dozen cases of the local syphilitic sore, with guaiacum, smilax, or stillingia, and in the course of years no constitutional disturbance appears, the partisan of "vegetable alteratives" claims a victory for his simple remedies. In theory both are wrong; in practice the mercurialist has inflicted salivation and perhaps other ills upon his patients, when no internal medicines were required.

It must be difficult for any practitioner of medicine to manage syphilis understandingly, unless he can disabuse his mind of the prejudice which has been so long attached to the mercurial and non-mercurial plans of treatment. The liberal and independant physician considers the tendency of syphilis to subside, either through a natural maturity and decline, or the recuperative forces of the system to throw it off; he bears in mind that by idiosyncrasy some persons have only a light attack of the disease; that when syphilis is contracted after middle life it is more severe than it is in younger persons; that there are no real anti-syphilitic remedies, in the ordinary sense of the term, but remedial agents of great value in assisting the vital processes in resisting the onsets of the disease, and in eliminating its virulent properties; that his efforts should be to arrest the debilitating tendencies of the morbid action; to restore nutrition, and assimilation by correcting digestion and opening up the lymphatic system; and to restrain, dissipate and heal, on ordinary surgical principles, the local manifestations of the malady.

The debility and emaciation are attended with chilly sensations, therefore the patient should shun exposure in cold weather, and dress warmly in soft flannel. The body should be freed from the scaly debris by moderate friction and the hand bath. A bath as hot as can be borne may be taken to favor the outbreak of an eruption, and to allay aches in the bones and muscles. The appetite should be tempted with the most nutritious and relishing articles of diet. The teeth should be brushed, or rubbed with a swab, to free them from substances which provoke ulcerations of the tongue and cheeks. Smoking is to be prohibited; and all excesses must be avoided. Sexual intercourse weakens and shocks the nervous system; and, besides, the disease is communicable though the local lesion has healed. Children have been contaminated through kisses imparted by ulcerated lips, consequently, infected persons should be exceedingly chary of their endearments.

Under the best of management the evidences of the disease

cannot be made to disappear under several months, therefore the medical attendant should so direct his energies as best to keep up the courage, and maintain the confidence of his patron. It may be well to inform the patient that there are several phases to the disease, and that it will require several kinds of medicine to subdue them. By adopting four different courses or kinds of medicines, and by keeping the patient two weeks on each kind or course, two months can be consumed in completing the round. It should be considered that *time* is a necessary condition in the cure of syphilis. All the money, all the skill, and all the medicine in the universe will not effect a substantial recovery in a few days or even weeks.

The first two weeks may be occupied by the patient in taking the iodide of ammonium in four or five grain doses, in a teaspoonful of the syrup of sarsaparilla, stillingia, or other approved vegetable alterative, three times a day. During the next two weeks three drops of Donovan's solution may be taken in water three times a day; alternating with one drop of Norwood's tincture of veratrum viride in water, making an equal number of doses for each medicine. The third course may consist in equal parts of pulverized hydrastis canadensis, sulphur, and cream of tartar, in doses of ten grains of the mixture four times a day. The fourth course should consist of the syrup of the iodide of iron in conjunction with cod liver oil. Fifteen or twenty drops of the syrup may be given in a tablespoonful of the oil, three times a day.

If it be necessary to keep up medication more than two months, and generally such will be the case, the courses may be repeated, altered, or varied, according to the fancy or ingenuity of the physician. It will be found that a well devised method, in the administration of medicines, will prove more satisfactory and successful than a hap-hazard manner of prescribing. If any practitioner chooses to leave out Donovan's solution, he can safely do so, for it is to be remembered that the disease, if time enough be granted, will entirely run out. The object of the treatment, as has been said before, is to ameliorate and abbreviate the symptoms.

"*Mercurius*" or "*China*," in homœopathic doses, if given long enough, will end in a cure; so will catnip and pennyroyal, but the enlightened physician is not content to wait on such inoperative means.

During the progress of cure by the means just detailed, certain complications may demand special attention. Night sweats should be checked by the use of elixir vitriol, cold sage tea, oxide of zinc, or such other means as the medical attendant may know by experience will soonest arrest the profuse and exhausting perspiration. A severe and troublesome cough may be curbed at night, so as to secure sleep, by the use of moderate doses of morphia taken upon going to bed, and at

wakeful intervals. Constipation should be overcome by favorite aperients or cathartics; and diarrhœa restrained with opiates or astringents.

Treated in whatever manner, syphilis is prone to relapse; and if the chief reliance for a cure be placed in mercury the relapses will be more frequent and perplexing than when other means are employed to subdue the disease. Mercury in small doses, and never administered to the extent of salivation, hastens the termination of the disease. In the form of Donovan's solution, if given in three-drop doses, three times a day, for two weeks in eight, no serious consequences are likely to follow its administration. It is the reckless and indiscriminate use of the drug which has brought it into disrepute. If not administered in very small doses, and in broken periods, it is worse than useless. Every medicine loses its therapeutic effects if continued too long. If the remedy be readily eliminated from the system its continuance does no harm, though it has ceased to exert its usual beneficial effects. Mercury, like other medicinal agents, loses its remedial powers if persevered in too long; and not being wholly eliminated, it becomes cumulative and permanently injurious. This is a cogent reason why the drug should not be given, even in small doses, for months together. The staunch advocates of the mineral seem to be effected with a mercurial mania; they refuse to admit that any other medicine has any power to eradicate syphilis. It is useless to argue with such bigots, for they are determined not to be convinced. This blind obstinacy begets opposition on the part of those who seem disposed to wage war with the mercurialists, and so the partisan contest is kept up by a set of *extremists*, who, by such a course, never contribute anything valuable to the science of medicine.

Local Treatment of Syphilitic Affections.—The simple macular eruption upon the skin rarely causes any discomfort, but patients are anxious to hide conspicuous spots upon the face and neck. If the internal remedies already indicated be followed up it will not be long before the coppery stains subside. In the mean time the red precipitate ointment may be rubbed in well upon going to bed, and after thorough ablutions in the morning, rice or bismuth powder, or other approved cosmetic, may be employed during the day to conceal or disguise the stains.

The second rash, being of a papular nature, scaly, fissured, and ulcerative, is more troublesome and obstinate. Papules about the corners of the mouth, the wings of the nose, and on the genitals, will suppurate, causing pain and annoyance. These will generally subside in a week or two under the application of the following ointment:—

℞. Simple Cerate, ʒj;
Iodide of Ammonium, grs. xx. M

The unguent is whitish at first, but soon turns yellowish, and stains the parts to which it is applied. On account of its discoloring properties, a substitute, composed as follows, may be used.

℞. Simple Cerate, ℥iss;
Citrine Oint., ʒss;
Oil bitter Almonds, gtts. x. M

If the internal remedies be faithfully taken, and either of the above cerates be applied twice a day, the coppery blotches on all parts of the body, will gradually pass away. A few prominent papules about the wrists and in the beard—places irritated by the clothing, and by shaving—persist in exhibiting their ugliness for months. An ulcerative papule upon the vulva may assume many of the features of a primary lesion, furnishing pus of a contagious character. Such ulcers on the genitals of either sex, or about the nares and perineum, may be cauterized, then managed with unguents until they disappear.

An ulcer on the lip, on the tongue, in the tonsils, or on the palate, may prove an obstinate affair, testing the temper of both patient and physician. This ulcerative action cannot well be checked without the internal remedies are perseveringly followed, and escharotics and astringents applied daily to the sores. An application of the chloride of zinc paste once a week proves valuable, and a strong solution of nitrate of silver, forty to sixty grains to an ounce of water, may be used with a brush or swab every day. Fissures and papules of the side and upper surface of the tongue may be treated in the same way. A change of local applications is attended with beneficial results. At night, to prevent ulcerated lips from adhering, tallow or simple cerate may be used to cover the broken surfaces. Topical escharotics, stimulants, and astringents, assist in a cure, though sometimes not until weeks and even months have been consumed in the treatment of the broken, ulcerated, or fissured places. Even when one ulcer or fissure heals a half dozen may show themselves at other points within a week. These repetitions discourage the most stolid of individuals.

Alopecia cannot wholly be prevented, though, if attacked in season, complete baldness may be avoided. The following scalp renovator has proved satisfactory in most instances:

℞. Glycerine, ƒ℥iiiss;
Tinct. Cantharides.
Fowler's Solution, aa. ƒ℥ii. M.

Scent with oil of orange or any other agreeable perfume. Use on the scalp twice a day.

The cracked, brittle, and ulcerated finger nails, are to be dressed with the iodide of ammonium ointment, and kept in stalls, or gloves. In course of a year the affected nails will recover their usual pliant state, by gradually "growing off" the lifeless parts. Disease of the nails subsides about the time the papular eruption disappears, though the complete reproduction of new nail material does not occur until months afterwards.

Ulcerations of the septum nasi, and of nasal structures within reach, are to be treated with caustics, astringent washes and unguents, like syphilitic erosions in other parts. Ulcerative action of deeper parts, including disintegration of the delicate osseous structures, can be reached with washes thrown in with the syringe. Errhines and fumigations can be employed, though the fumes of cinnabar recommended in the older works on syphilis, are unreliable. Great pain arising from the nasal disturbance can be temporarily relieved by the inhalation of ether or chloroform. The most energetic treatment will not always prevent destructive ulcerations of the spongy bones of the nasal cavities; and the deformity caused by a caving in of the nasal bones is shockingly hideous. Fortunately, only one syphilitic case in a thousand is likely to be complicated with such a serious nasal defect.

Ulcerations of the pharynx, epiglottis and larynx, can be reached with escharotics, applied with a probang. Tuberculosis of the lungs induced by the devitalizing effects of constitutional syphilis, is to be managed with cod liver oil and minute doses of arsenic. Sea voyages, and mountain travels, during the summer months, may effect more than the best of medication. The Hot Springs, of Arkansas, and the waters of St. Catherines, in Canada, are reputed to cure chronic cases of syphilis, yet the use of hot baths at home and judicious medication, will probably answer just as good a purpose. Mineral waters containing sulphur, iron, alum, and other metallic substances in solution, always benefit syphilitic patients.

Iritis depending upon syphilitic contamination requires, besides general constitutional treatment, the local use of belladonna as a sedative and to prevent occlusion of the pupil. Protracted courses of mercury so highly recommended by most writers upon syphilis, are damaging rather than beneficial, to iritic inflammation. Nourishing diet, cod liver oil, and ferruginous preparations, are infinitely superior to a starving diet, mercury, and devitalizing agencies.

Choroido-retinitis needs the same general treatment as iritis. Locally, to the forehead and parts about the eye, aconite should be used freely. Belladonna is contra-indicated, the pupil being too much dilated by the condition of the retina. During the time the eye is undergoing syphilitic invasion, or the inflammation induced by a low state of vitality, the organ should be carefully protected from strong light, and be kept at rest. Vision is too valuable, and blindness too deplorable, to warrant any risks in the management of iritis or retinitis. Poultices, and dressings calculated to retain heat and moisture, do more harm than good, and sometimes destroy the organization of the eye. Evaporating and anodyne lotions, frequently applied, are the safest and best means to be employed. Intense circum-

orbital pains may be relieved by chloroform, or the hypodermic injection of morphia. Great intraocular pressure, characterized by pain and a stony hardness of the eyeball, may be relieved by puncture of the cornea near its borders.

Syphilis is so protracted in the course of its many phases, and it has such a tendency to relapse, that the patient is apt to suppose he has not been fortunate in the selection of his medical attendant. Patients who readily recover from the primary lesion, and then in the course of six months, more or less, are attacked with the more advanced forms of the disease, are prone to censure their physician for not preventing the later phases. Even some practioners are so ignorant of venereal diseases, or ungenerous to their professional brethren, that they will emphatically declare that the systemic invasion ought to have been prevented. Inoculation of true syphilis is not certain to be followed by *all* the phases of the disease in consecutive order; one may be troubled simply with alopecia, another with the macular eruption, a third with repeated ulcerations of the hardened cicatrix, following the primary sore on the glans or prepuce, a fourth with ulcers of the tonsils—and so on, giving the greatest variety of manifestations. However, the poison once in the system is sure to exhibit itself in one form or another, even if it slumbers for years—perhaps making its existence known for the first time in a contaminated child.

Although the course of elimination be tedious in the extreme, the fact that the disease can absolutely be *cured*, in the ordinary sense of that term, inspires hope and confidence in rational means employed to help "nature" in the work of purification.

ART. XXXIII. *Costiveness—General Considerations.* BY S. H. POTTER, M. D.

The securing of sufficient evacuation of the bowels in the treatment of acute diseases, is of vast importance, and should always be done by timely and appropriate means. I propose to treat more generally of the subject, and particularly of that condition so common, not only in disease, but among persons in ordinary health.

An insufficient movement of the bowels is the prevailing condition in most diseases, both acute and chronic, and special attention to it is of vast importance, as a precaution, in prescribing for almost every patient. Neglect of it often directly and sensibly interferes with recovery, especially in acute disease, producing much discomfort and annoyance, and often greatly protracts the case and induces dangerous visceral congestions. After suitable evacuations in the early stage of acute cases, the bowels may then be allowed quiet, for a time. In later periods when digestion is suspended and only liquids with little solid matter has been taken, daily evacuations are indis-

pensable. During convalescence it may happen when food is relished and nourishes the patient, it is incompletely digested, leaving a residuum in the bowels, producing irritation, not perhaps so much in the bowels themselves, as at night general uneasiness, dryness of the month, feverishness, quickened pulse, headache, restlessness, and inability to sleep. In this condition, a free evacuation should be induced from an enema. Where the alimentary canal itself has been the seat of disease, care should be taken to guard against a too free use of medicine, and trust to time and a careful management of the ingesta. It will not always be safe to carry out rigidly the rule that we are "never to give physic when we can keep the bowels open by food," invaluable as it is under proper limitations. In acute diseases, when the stomach is incapable of acting upon food of any description, as in typhoid fever, the canal may be more irritated by rye meal pudding then by a mild dose of castor oil.

Positive costiveness, both as an accompaniment of chronic disease, and as the habitual state of many persons in their ordinary health, is one of the most frequent conditions we have to encounter, and the most difficult to treat satisfactorily. Only last week I was called to the bedside of Mrs. M., aged 35, nervous bilious temperament, suffering with severe headache, high febrile reaction, bilious vomiting; bowels tympanitic and hard; tongue dry and heavily coated; breathing labored and emitting a very offensive fœcal odor. On inquiry, learned that she had been habitually costive for months, and had voided only one small passage from the bowels within the past two weeks. Free cathartics relieved her entirely, and she was dismissed the next day with proper instructions for securing a daily alvine evacuation.

The same degree of costiveness does not call for the same urgent effort for its removal in all constitutions. The disposition to it and the extent to which it interferes with the health and comfort, differ very much in different persons. Any departure from the regular daily habit of some, subjects them to headache, indigestion and a sense of general uneasiness, whilst others are able to pass many days without any apparent effect, whose ordinary health is not disturbed when they are in the habit of going three or four or more days without a passage. This slowness of the bowels seems to have become their normal state, and years may pass without any particular evil consequences to them. Still costiveness is an evil and will sooner or later do incalculable mischief to all who allow the habit to exist. The attempt should certainly be made to remove it, which it is, sometimes, exceedingly difficult to do. Costiveness is induced by various causes—such as resisting slight calls to the natural evacuation—breaking up the regular habit by accidental interruptions—sedentary occupations; improper food

etc. Women are more liable to it than men; inhabitants of a city than of the country. It is often induced by change of habit, as a journey, a sea voyage, alterations of hours of meals, etc., and the avoidance of these causes is, of course, to be enforced as one means of cure, although this is seldom sufficient when once the costive habit has been formed.

Some very simple expedients is found adequate for a few cases, such as daily introducing into the rectum a stimulating suppository, as a piece of soap, or of candy, others many succeed with an enema of warm water, others by drinking cold water freely on rising in the morning, or by swallowing a raw egg. Few persons will persevere in this way, and the better method is to regulate the bowels by laxative food; usually vegetable food, especially the subacid fruits, is more laxative than animal. Food which contains considerable indigestable residue is the kind to be depended on, and its power is due to the bulk imparted to the fœces. Bread made of partially bolted flower; mush made of corn meal or rye flower; cracked wheat, rye, corn, or oat meal bread; wheat cooked whole like rice, and eaten once a day is a good remedy. By the habitual use of these, a majority of persons can keep the bowels in a soluble state, and by suitable perseverence.

Among the more comfortable classes of society, the almost universal costiveness which is found to exist, is due in a great degree to their exclusive use of the finest flour; of course, this should be prohibited, and other bread substituted. Articles not nutritious—as white mustard seed whole, or pulverized charcoal one tablespoonful of either every night, are very efficient without being injurious. Attention to diet is apt to be irregular, and generally proves quite inadequate to remedy the evil, and this class will come back to the physician, after all his instructions of diet and habits, with urgent solicitations for medicine. Many persons are compelled to add other measures to well regulated habits or else utterly fail of relief. The best method of proceedure is to administer a dose at bed time, sufficient to induce a natural operation in the morning. With a few persons a dose that will operate at all will act as a purge. In such cases it is better to give small doses, two or three times a day. Purgation is injurious, and in these cases it should be our only object to regulate the bowels.

The articles of medicines selected are of less consequence than the mode of giving them; but no method I have ever employed, has proved so satisfactoy as the combination of a large number of cathartic substances in small quantities in a single prescription, as the following.—℞. Best Aloes, ʒss; Jalap, ext. Rhei, Scammony, *aa.* grs.xvj; Podophyllin, Leptandrin, *aa.* grs. v; ol black pepper, ʒss; mix thoroughly, and make 64 pills. One of these small pills taken during or after a meal, once, twice or three times a day, as the case may require, will

rarely operate medicinally, and will usually produce a natural action of the bowels. This method may be pursued any necessary length of time without an increase of the dose and without any evil consequences. Large doses of medicines habitually introduced into the stomach should be avoided, as a pernicious practice. Still, when we consider the errors of diet as to quantity and quality, as also the constant offences of most persons against the laws of health, in almost every other respect—as eating hot bread and butter, hot buttered toast, pastry, and confectionries, short cakes, rich soups and gravies, hot and highly seasoned puddings, pies, etc., etc., and often eating in haste—the costive person might well exchange a portion of them at least for a pill containing one or two grains of aperient medicine. Actual purging disturbs more permanently the natural state of the intestines than the continuance of aperient medicines in the way suggested, and ought to be avoided.

In the employment of enemata, the mildest should be employed which will possibly answer the purpose. Mere water, or a little common salt added, is the best, and by increasing the quantity gradually, used at a regular hour each day, serves for a long period. Usually an enemata is attended with no unpleasant effects. But it must be recollected that in women laboring under exhausting affections of the womb, the distension or excitement of the mucous membrane of the intestine, or its muscular contraction in the distended state, are followed by pain in the back and sacral region, by a sense of great weakness and exhaustion in the whole lower part of the abdomen, and even faintness, which continues for a considerable time obliging them to go to bed. A few persons of both sexes are always unfavorably affected by them, especially when they are large in quantity, or when anything stronger than water is used. Still these are only exceptional cases.

While speaking of enemata, it may be well to add that when used to aid the insufficient action of a cathartic, or to produce a cathartic effect, when the stomach will not bear physic, as is often the case, the use of an enema of decidedly purgative powers has often an excellent effect, and may sometimes become the only measure we can adopt. For this purpose none is so certain or so thorough as a watery solution of aloes; from twenty to forty grains given in this way seldom fails to act speedily and effectually. In conclusion, it must not be forgotten to direct the costive patient to daily, and at a stated or regular hour each day, make a persistent effort to solicit an evacuation of the bowels, whether an inclination to do so be felt or not. And not allow this habit to be interrupted by any consideration of business, or otherwise. This means alone, with proper diet, is sufficient to correct a large proportion of cases of intestinal torpor requiring professional advice or direction.

ART.—XXXIV. *Case in Practice.* By E. J. Ross, M.D., Rome Center, Mich.

Mr. E. G. Denslow, about twenty-one years of age, has been afflicted with epileptic attacks at irregular intervals for the last three years, and three years ago this summer with chorea during the intervals. Since then, has been free from the jerks, as he terms it. He is a young man of good physical development, excellent mental capacity, and first rate habits. On the night of the 13th of March last, he retired to bed at an early hour, and in usual health; went to sleep and dreamed he could neither hear nor speak, he was so much troubled by his dream that he awoke and found his dream fully and awfully realized. In this condition he remained until May the 4th, a period of 52 days. During this time I frequently saw him, his health was excellent, had no recurrence of his old complaint. His mental faculties, in every respect, were unimpaired, could attend to business of any kind as well as ever; communicated with others by writing. He said he felt as well as ever he did in his life, except a sense of being oppressed by the deep and profound stillness which seemed to reign throughout the entire universe. When he attempted to speak he complained that something filled up his throat and choked him, and said he did not speak, simply because he could not. He could not make the slightest sound, could not even whisper.

On the evening of the 1st of May, as his mother blew out a kerosene lamp, that was placed on a table near by where he was sitting, some of the gas that arose therefrom went down his throat causing him to cough severely, and to vomit. He complained all night and the next day of a burning sensation in the chest, and said the gas was hurting him. About 7 o'clock P. M., on the evening of the 2nd of May, I was hurriedly called to see him; the messenger said he was dying; found him in an apparently moribund condition; countenance pallid; eyes open, fixed, and pupils very largely dilated; chin dropped, and mouth open; respiration scarcely and pulse barely perceptible; deglutition impossible. Administered stimulants externally, etc., etc., in about 30 minutes had the satisfaction of seeing the color return to his face, his mouth and eyelids closed, reaction set in generally. His first act on return to consciousness was to motion for a slate, which was handed to him, and he wrote, "for God's sake give me something to kill the gas."

Administered an active cathartic, which operated thoroughly in a couple of hours; brought away about a pint of jelly-like substance black as a crow; still he could neither hear nor speak. On the afternoon of the 4th of May, as he was walking along in a back lot some distance from the house, he thought he heared a bird sing; halted and on looking around saw a bird sitting on a branch of a tree over his head; watched the bird,

saw it open its mouth, and soon became joyfully convinced that his sense of hearing had returned. He tried to speak, but could not for some little time, when his speech was fully restored.

An account of this case has appeared in some of the state papers, and is styled therein a "tough story." I and hundreds of others are willing to be sworn as to the truth of this statement.

The Hypodermic Syringe. By J. A. Munk.

A great deal has been written in the various Journals of the day, on the use of the hypodermic syringe, as a medium through which certain therapeutical agents can be applied with the greatest certainty of action. No one will deny its utility in certain diseases—especially in painful affections—although, without a trial, it might seem to be of minor importance. When I first noticed the account of its employment, and the encomiums passed upon it in the Medical Journals, a few years since, it was too incredulous to believe it to be of so much inportance; but since I have given it a fair trial I appreciate its real worth, and could not dispense with it. A description of a few cases out of many treated will suffice. Case 1. Mrs. M. aet. 52 years, sanguine bilious temperament; was called to see her on March the tenth. I found her suffering severely with a pain in the temporal region of the head; pain in the back, which upon the slightest motion became aggravated. I armed the syringe with ℥ss. of the solution of Morphia (grs. x. to distilled water ℥i.) and injected it under the skin of the right arm, on its inner aspect; immediately the pain ameliorated, and in five minutes was altogether gone. Pain did not return; was cured. Case 2. Mrs. S. aet. 22 years; bilious lymphatic temperament; was called to see her on April the first; she was suffering with facial neuralgia, the pain was so severe at times as to cause her to cry out. Her friends prevailed on her to have the instrument employed. I introduced ℥ss of the above solution of morphia; she felt better at once, and in five minutes not a vestige of the pain remained, and without its subsequent return; it being a permanent cure. In making an application I always press, with considerable force, the integument raised between the thumb and index finger of the left hand, so it produces considerable pain, which counteracts the pain caused by the introduction of the syringe point, which makes it almost unappreciable to the patient. I order the patient to remain in the recumbent position; abstaining from food until the immediate effect of the drug has passed off, for in some cases if the erect posture, or exercise is permitted, nausea or vomiting is induced. This instrument is truly a valuable acquisition, one that if once employed, is not readily dispensed with.

Paralysis from Injury. By Dr. M. F. Leech.

George P. Clark, aet 70, a man of very strong constitution, never had been under the care of a physician before in his life. Last fall, about eight months since, he went to sit down on the side of a wagon, lost his balance and fell, and struck on the cervical vertebra, doubling up the whole length of the vertebral column, which produced partial paraplegia of the arms and lower half of the body. He has no control of the urinary organs; there is a constant leakage of the urine; bowels are constipated all the while, can not be moved without cathartics, or the syringe; has been in the habit of taking Ayer's pills about every three or four days for the last eight months; has been treated by four different doctors besides my self. I was called on the 15th of this month first to see him, and found him in the above condition. When he attempts to move his legs his feet cramp in and his legs draw together. His general health is good; has a good appetite for any kind of food; talks very strong; has to be handled like a child; when he is on his back can't turn, but when on either side he can turn on his back; can sit up about one minute; pulse is normal; skin and lower extremities quite cold. My treatment is Compound Tonic mixture of Iron, Strychnia and Quinia; Compound Podophyllin Pill—℞. Podophyllin, Nux Vomica, Hyosciamus. Local treatment, frictions to the spinal column; put a small blister to the spine above the sacrum. I found the spine tender—on the neck about 2 inches, also about 2 inches underthe blister; ordered stimulating baths of Tincture Capsicum to the whole body.

Art. XXXVI—*Offiice Pharmacy.* By Joseph Adolphus, A.M. M. D., Logansport Indiana.

In using carbolic acid, I have found that it makes a far superior application when combined with permanganate of potash, and fulfills indications that are rebellious to other means.

I have a solution formula for the carbolic acid thus—℞ Carbolic Acid crystals, ℥ij; Rain water, ℥viii. I then make a solution of—℞. Permanganate Potash, ℈ii; Water, ℥iv; make solution. These are the two standard office solutions. When I desire the Carbolo-Permanganate Potash solution, I proceed as follows:

℞. Carbolic Acid, ℥i; Water, ℥viij; Solution Permanganate Potash, ℥iij. This makes a splendid application in all forms of skin disease, and inflamed surfaces, for gonorrhœa, and for injecting abscesses, and fistulous openings, &c. If too much of Permanganate solution is added, the solution becomes cloudy, and finally separates into a muddy sediment, and a supernatent dirty fluid.

A splendid tonic for females is made as follows:—

℞. Fluid Extract Helonias, Fluid Extract Gentian Lut. aa. ℥ii; Decoction Quassiæ, ℥viii. M. A tablespoonful 3 or 4 times a day, before meals. A little alcohol may be added to prevent fermentation.

℞ Ext. Nux Vomica, Ext. Belladonna, grs. vi; Pulv. Ipecac, ℈ij; Pulv. Aloes, grs. xviii; Pulv. Capsicum, grs. xxiv; Ft. Pill, xl: one three times a day. For habitual costiveness it is of great value, and soon becomes very active. I have cured many serious and stubborn cases with the above pills.

℞ Chloroform purified, ℥i; Camphor, ℥x; Ext. Cannabis Indica, ℥iiss; M. The above forms one of those charming anodynes physician's sometimes yearn for. It acts like a charm in neuralgia and in sleeplessness. Dose to be progressively increased till effective. Commence with 10 drops, and go up. I have given as high as ℥ss in severe cases of facial neuralgia and other pains.

In many cases of stubborn cough not dependent on any fixed lesion of structure I have found the fluid extract of Conii in progressively increased doses to cure where other means failed. The fluid extract of conii should be made after the formula of the black cohosh and out of the very recent herb. I find that not one in one thousand instances is fluid extract of conii worth a snap. Extract of Hyosciamus and Belladonna should be made in the same way. Manufacturers use too high heat altogether in preparing the fluid extract of these fine narcotics.

To get the full value of the podophyllin I have for some time believed that we must go to the fluid extract and to the percolated infusion of the recent root: thus ℞ Podophyllum crushed, (recent root) ℥viii; Hot Water, (not boiling) ℥xx: macerate for six hours in a warm place or in a water bath—can be extemorized by putting the vessel with the root in another (containing boiling water.) Then throw the whole in a percolator and pack and percolate off ℥vi of fluid. To this add ℥vi of the fluid extract of the root. This represents all the virtues of the podophyllum to the very best advantage and in the highest degree. This forms my alterative base.

I wish to call the attention of Eclectics to root of the gentian lutea. It is as pure a tonic as the cinchona and far superior in many cases.

I have used it in conjunction with the above podophyllum alterative with unusual and surprising good results: ℞ Gent. Lutea, crush, ℥iv; water, quart: boil for two hours; press and strain; evaporate to ℥viii. To this add ℥iv of the Podophyllum Alterative and you have an alterative tonic with which you will be ever pleased. H. M. Merrill & Co's watery extract of the gentian root will answer, ℥ij.

℞ Oxide Zinc, (true) ℥i; Iron by Hydrogen, ℥ii; Ext. Hyoscyamus, ℥iii; Ft. Pill, xl: one three times a day. The above

is good in hyperæsthesia of the stomach and in other nervous disorders. I have seen this accomplish great things. The dose may be gradually increased and the zinc may be increased to four grains to the pill—a dose. Be sure and get the *true* oxide.

℞ Saturated Sol. Chlor. Pot., ℥xii; Bromide Pot., ℥ii: M. An ounce is a dose as often as is needed. This is a good remedy in profuse menstruation, menorrhagia, threatening abortion, uterine ataxia and colic, and uterine engorgement.

℞ Tinct. Aloes, ℥ij; Fluid Extract Ergot, ℥iiss; Fluid Extract Senna, ℥vii; Bromide Pot., ℥iss: M. The above is one of those certain emenagogues that few know anything of and seldom fail. Dose ℥i to ℥ij; commence a day or two before the expected period; three times a day or oftener.

℞ Pill Rhei Comp., ℥ii; Sulph. Ferri, ℈ij; Ext. Hyos., ℥ij; Ft. Pill, xl: one 3 or 4 times a day. These are frequently effectual as an emenagogue and act kindly. In dysmenorrhœa nothing acts so well as the bromide and chlorate of potassium, bromide of ammonia and sulphite of soda. I have been using ergot lately in neuralgia and find it all it is recommended to be. Three-fourths of the fluid extract of the ergot is a cheat, and so is the powder; when of good quality it is reliable, but I find the cannabis indica equally as good.

℞ Cream of Tartar (true) ℥ij; Pulv. Cubebs, ℥iii; Sulphur Lotion, ℥iss: M. Teaspoonful 3 or 4 times a day in an infusion of agrimony for gonorrhœa. It is an excellent tonic.

When I have a fresh case I use the carbolic acid and glycerine, full strength, as an injection once in two or three days. I frequently succeed in curing the clap that way straight from the mark. It often causes swelling and pain, but it is sure to do the work, in connection with the above powder. Give the powder as frequently as is necessary, so as to keep the bowels loose a little.

℞ Oil Cajeput, ℥i; Fluid Ext. Capsicum, ℥ij; Fluid Ext. Aconite, ℥i; Fluid Ext. Belladonna, ℥ij; Aquæ Ammonia, ℥i; Oil Linseed, ℥iv; Ft. Liniment. This excels the nostrum vended as "Wizzard Oil." It relieves pain and causes redness if sufficiently applied.

℞ Oil Cajeput, ℥i; Tinc. Iodine (double strength) ℥i; Aloes, Myrrh. Camph., *aa*, ℥ij; Olive Oil, ℥iv; Ft. Liniment. I have seen this liniment remove indurations of the joints and relieve pain in severe neuralgia. When applied to the abdomen of women who are suffering from uterine diseases, they have been relieved.

ART. XXXV.—*Pepsin, Wafer Ash and Glycerine.* BY L. E. JONES, M. D.

I have been using the compound heading this article, and from the limited use made of it, I feel fully warranted in recommending it in strong terms to the dyspeptic. It is tonic, stom-

achic and nutritive, and remarkably well adapted to the relief of the weak stomach and debilitated patient.

My wife has been seriously afflicted for several years with dyspepsia. At times she has been the subject of severe attacks of vomiting, arising from extreme gastric irritability, often attended with more or less inflammation. These attacks have been frequent and severe, she often vomiting from ten to fifteen, or even twenty times a day.

The appetite was impaired and her food not digested. She was compelled to refrain from all fatty, rich and indigestable articles of diet, especially hog meat, or anything containing hog's lard, as such seemed to act as a poison to her—in short, she was a great sufferer, and an inveterate dyspetic. Under the use of this compound, (Chapman and Dunks' "*Pepsin with Wafer Ash*,") the irritability of the stomach has subsided, while its powers to digest food, even pork and other strong diet, seem to be quite restored, and yet she has not taken three small bottles. I am sure this new remedy is valuable, and I think it will effect a permanent cure.

PERISCOPE.

On Cystitis and Prostatitis. By Sir Henry Thompson.

[The chronic form of cystitis is that which most requires our attention, and in treatment most care and judgment. In the simpler, there is little else than some increase of the natural mucus from the bladder mixed with the urine. In the other form the mucus is very tenacious, and acquires a thick viscid character on standing. The most common cause of this is inability of the bladder, either from atony of its coats or from prostatic obstruction, to empty its contents; yet it does by no means necessarily occur in these circumstances.]

With regard to the treatment, the first thing is to take care that the bladder is emptied by a catheter once, twice or three times a day, in the easiest manner possible, of which I treated in the fourth lecture. And this is necessary because decomposing urine is a great source of irritation to the mucous membrane. The urea contained in the secretion which enters by the ureters in a healthy state is soon decomposed into carbonate of ammonia, and the ammonacal salt is an acrid and irritating substance. You explain to your patient that his bladder, not having been emptied for many months perhaps, has acquired somewhat the condition which a badly washed utensil would have done in like circumstances—a useful and sufficiently accurate illustration for the lay understanding, and he will appreciate it when he finds, as he probable will, that

the mucus diminishes considerably after a few days of this treatment. But suppose it does not do so, or does so but slightly, what then? I will tell you what sometimes happens, and I am not sure that the fact I am about to ask your attention to has been observed or recorded. It is this: *you cannot completely empty every bladder with the catheter.* When the prostate is irregular in shape and throws out protuberances into the bladder, there are sinuses or spaces between them, which retain one, two, or even more drachms of urine. Again, there are not unfrequently numerous small sacculi in the coats of the bladder which act in the same way. When obstruction at the neck has existed some time, the daily straining, although not considerable, necessary to expel the urine, produces hypertrophy of the muscular bands which form that coat of the bladder. Now you know hydraulic pressure is equal in every direction, and in course of time the expulsive act gradually forces the mucous lining between the interlacing muscular bands, and little pouches result. In these it is not uncommon for calculi to be secreted, and thus in time encysted calculus is formed. In any case, however, those pouches become receptacales of urine, which become stale, and irritating in consequence. Now the mere withdrawal of the urine by catheter by no means empties the reservoir in these circumstances, an enough of noxous fluid is left therein to maintain the unhealthy condition of its lining membrane. What you have to do is to wash out the bladder at least once a day with a little warm water before you remove the catheter. I am particular indeed as to the manner of doing this. Washing out the bladder may be a very valuable mode of treatment, or a mere contrivance for seriously irritating that organ, according to the mode in which it is performed. A common mode, indeed that which I always saw employed some years ago, was to attach to the catheter (which was often of silver, and it is unnecessary to repeat my views about that) a large metal syringe, and to throw in with considerable force six or eight ounces of water. I wish you to cherish a wholesome horror of that proceeding; and in no case can it be necessary. A healthy bladder, and much more a tender one, can only be disturbed and pained by such a process. This sensitive organ is only accustomed to be distended gradually by the continued percolation into it of urine from the kidneys. Let your washing-out at least conform in some respect to that process. Never, under any circumstances, throw in more than two ounces; and even this quantity, for efficient washing, is better avoided. Proceed then as follows:—You have a flexible catheter in the bladder; have ready a four-ounce india-rubber bottle with a brass nozzle and stop-cock, the nozzle long and tapering so as to fit a catheter of any size between Nos. 5 and 10, filled with warm water—say at 100° Fahr. Attach the

nozzle gently to the catheter, and throw in slowly a fourth of its contents; let that run out, and it will be thick and dirty, no doubt; then inject another fourth, which will be less so; again another, which will return clearer than the preceding; and the fourth portion will probably come away nearly clear. Now these four separate washings, of an ounce each, will have been really more efficient than two washings of four ounces each; and you will, in obedience to my never-failing injunction, have reduced the amount of instrumental irritation to a minimum. Ten to one but the patient will regard your performance as soothing to his feelings. There are other methods of effecting the object, but this is the *principle* I want you to understand; and the mode of carrying it out which I have described is one of the simplest.

What if this washing-out has not accomplished all we wish? We may then, and often with great advantage, try medicated injections. Perhaps the best mild astringent, when the urine is alkaline and depositing phosphorates, is the acetate of lead, in the proportion of one grain to four ounces of warm water, not stronger; to be used once a day. After this comes the dilute nitric acid; one or two minims to the ounce of water. Then you may try nitrate of silver in small quantity, certainly not more than one grain to four ounces to begin with, going up to about half a grain, or one grain at most, to the ounce. You may also use, especially where the urine is offensive, carbolic acid; one or two minims to four ounces is quite strong enough. Then there is a soothing injection well worth your remembering—viz., biborate of soda and glycerine. It may be used where there is no great indication for an astringent, or it may be combined with one. The value of this for sore mouth suggested to me its use for an irritable bladder, and experience has confirmed my expectation. Here is my formula: Two ounces of glycerine will hold in solution one ounce of biborate of soda; to this add two ounces of water. Let this be the solution, of which you add two or three teaspoonfuls to four ounces of warm water. I arrange all these solutions for four ounces because the four-ounce india-rubber injecting bottle already described is a convenient and portable instrument.

In circumstances of great pain you may inject anodynes into the bladder if you please; but they are of little value. And you need not be afraid of the quantity; for the mucous membrane of the bladder appears to have no absorbing power, unlike the neighbouring tissue which lines the rectum. And there, indeed, is your place for action, if spasms and pain greatly disturb the patient, a suppository of cocoa-nut butter, containing from half a grain to a grain of morphia, is often of the greatest service. Counter-irritants play a small part among our remedies; perhaps the best and safest is a hot linseed poul-

tice, well sprinkled with strong flower of mustard, above the pubes. I cannot say much for croton oil, nitrate of silver, &c., there. Hot fomentations, in the form of bran bags, hot flannels, &c., alleviate pain materially; so also hot hip-baths and the hot bidet.

Then there is a host of infusions and decoctions reputed to exercise a beneficial influence in cystitis. I will name some of them in what I think to be about the order of their value for the cases one commonly meets with:—Buchu, Triticum repens, Alchimella arvensis, Pareira brava, and Uva ursi. Now, for the doses of these, your conventional tablespoon is a miserably inefficient measure. Of the first, fourth, and fifth give half a pint daily; of the second and third, a pint—that is of their infusions or decoctions, as the case may be.

The underground stem of the Triticum repens, or the common couch grass, was introduced some years ago by myself. Of this I will only say that it maintains its credit, and is undoubtedly very useful in many cases. For use, boil two ounces in one pint of water for a quarter of an hour; the strained liquor to be taken by the patient in four doses in the twenty-four hours. It was a favourite remedy in the old herbals; and it formed the staple medicine against what was called "strangury," which, a few centuries ago, meant everything like pain or difficulty in making water, no matter what the cause; for the art of diagnosis then was in its earliest infancy. The Alchimella arvensis, or "Parsley piert" (derived from "percer la pierre," and not a parsley or umbelliferous plant at all), has proved in my experience an admirable remedy in obscure cases. Use it as an infusion, one ounce to the pint. Besides these, there are the resins, which have a certain amount of influence upon the mucous membrane of the bladder—such, for instance, as copaiba, Venice turpentine, &c. You should not, however, give the dose which you would in gonorrhœa. Five minims of copaiba, three or four times a day in mucilage, often answers well. I may say the same of the oil of cubebs.

One word about alkalies. As a rule, no doubt, alkalies, in neutralizing highly-acid urine, help to control chronic cystitis; and I like the liquor potassæ, as well as the bicarbonate, tartrates, and citrates, which appear to have more diuretic action, and to increase the quantity of urine, when you would rather avoid this action and lessen the frequency of micturition. The old combination of liquor potassæ and henbane, affirmed to be a union of incompatibles, nevertheless seems to me about the most valuable form in practice. I have no doubt that it is quite correct that both henbane and belladonna are deprived of their specific activities when mixed with liquor potassæ. Chemically I dare say that is so. But I am perfectly satisfied that this combination materially controls painful and frequent micturition in the complaint we are considering. Hence I have of late gone back to it, and for the reasons stated.

Now as to acids. Remember that these are by no means the complement of alkalies in relation to the urine. Beware of the popular notion that it is possible to produce an acid reaction on urine by giving mineral acids by the mouth. By giving alkalies you can make the urine neutral or alkaline to any extent you please, but you cannot do the converse with these acids. Yet I constantly hear it said, "The patient's urine is very alkaline; had we not better order acids?" My reply is, "By all means; give an ounce or two daily if you like, but it will not change the reaction of the urine." I have given these quantities, greatly diluted, of course, without the slightest effect on alkaline urine. No doubt mineral acids are useful in giving tone, and so do good; but don't prescribe them with the view of acting on the urine. The acids that do act on the urine are benzoic acid and citric acid, but you have to give so much of these that I do not know whether the remedy is not mostly worse than the disease. The benzoic acid, having some balsamic character, may be useful in some cases of chronic cystitis. The best way to give it is in pills, as it is not soluble in water. Three or four grains, with one drop of glycerine, is a good form; and you must give as many as ten or twelve pills a day if you want to do any good. At all events, it is of no use giving less than six; that would be twenty-four grains in the day. Lemon-juice has also an acid influence on the urine, and if it agrees with the stomach, may be taken in large quantity. Surplus of acid in the urine is a constitutional error, and it enters the urinary passages at the kidney. It requires constitutional treatment, of the digestive rather than of the excretory organs, and mere alkaline treatment does but mask the acid, does not cure it. You have to remodel the patient's habits, control his diet, and take care that his liver and bowels act healthily and freely. On the other hand persistent alkali in the urine is, in nineteen cases out of twenty, a *local* formation in the bladder. It requires local treatment, as by catheter and injecting-bottle, and not physic. Now and then you have alkaline urine, milky-looking, with amorphous phosphates, as a constitutional condition; but this is rare, as compared with the cases I am now describing.

I shall close this lecture with some brief remarks on acute and chronic prostatitis.

Acute prostatitis occurs in different degrees of severity, and often comes first before the practitioner's notice when it causes retention of urine by obstructing the neck of the bladder How this emergency is to be met I have described at some. length in the fifth lecture. The organ is often considerably swollen and very tender, and the inflammation may give rise to abscess in the substance of the gland, or adjacent to it; and the matter may burst either into the urethra, its most common course, or into the rectum.

Chronic inflammation of the urethra passing through the prostate, and more or less affecting the prostate itself, is a condition less generally known or recognized. Nevertheless it is a common and important affection. We see it frequently, not always, as the result of obstinate gonorrhœa. I have already referred to it as the cause of symptoms resembling, more than any other malady, those of calculus in the bladder when mild in degree. Thus a patient of twenty or thirty years of age tells you that the following symptoms have rather gradually appeared:—under frequency of micturition; pain following the act, and felt in the end of the penis; occasionally a little blood seen with the last few drops of urine, which may be a little cloudy with muco-purulent deposit; a sense of heat and weight in the perineum and rectum; there is, perhaps, also some gleety discharge in the urethra; and all these conditions aggravated by exercise. You see he gives you a complete sketch of the symptoms of calculus; and how are you to distinguish them? By the history and by sounding. Thus, there is no history of the descent of calculus from the kidney, nor of gravel previously passed. But there is the fact of a chronic gonorrhœa resisting, perhaps, months of treatment. And if the patient shows no improvement you must not decline to sound him. You do so, and find nothing, but that the prostatic urethra was very sensitive; and you make him a little worse, perhaps, for a time.

What is to be done? First and foremost, as a rule, abjure all instruments, which, in most cases, can only do mischief. Treat it as you would a chronic inflammation of the ear or eye —*i. e.*, blister an adjacent surface; make a small blister every four or five days on either side of the raphe of the perineum, by applying with a brush the lin. epispast. of the Pharmacopœia, not so freely as to distress him or prevent locomotion, and keep it up for four or six weeks. I have found the best results from this method, combined with a tonic medicine and regimen, and you will find the patient himself gladly exchanging the dull, weary aching in the perineum for the smart of the blister, and cheerfully noticing how the former gradually subsides under the influence of the latter. In exceptional cases, where chronic gleet is a prominent symptom, the application of a solution of nitrate of silver, not more than five or ten grains to the ounce of water, to the prostatic urethra, may be very serviceable.—*Lancet.*

Pepsin in Cholera Infantum.—Dr. Hawley, of Green Point, N. Y., (*Buffalo Medical Journal*) recommends pepsin in the advanced stages of cholera infantum and other diseases of children in which the digestive power is weakened. To a child a year old he gives five grains every three hours, combining it sometimes with an equal quantity of subnit. bismuth.

The Radical Cure of Hernia. By Dr. J. Fayrer, F. R. S. E.

[Dr. Fayrer states that his plan of treating hernia radically is a modification of Professor Syme's method, and is valuable on account of its simplicity. The instruments required are a plug of wood, with two ligatures, a curved needle to pass the ligatures through the abdominal wall, and a second small piece of wood to knot the ligatures over.]

The method of performing the operation is simple, but it requires some care and confidence for its effective completion. The fore-finger of the left hand oiled, is inserted into the inguinal canal, and the scrotum invaginated is pushed before it up to the internal ring with firm and decided pressure. One ligature, strong and well waxed, is then threaded in the needle, the point of which is insinuated along the palmar aspect of the finger on its radial side, until it has reached the extreme apex of the invagination; it is then forced through the abdominal parietes, and appears on a line with the anterior superior spine of the ilium, about 1½ or 2 inches internal to it. The needle is then unthreaded and withdrawn, to be threaded with the second ligature, and again introduced, this time on the other side of the finger, to be pushed through the abdominal wall as before; this time transfixing a short distance from the point where it first pierced, but emerging through the same opening in the integument.

The needle is again unthreaded and withdrawn. The plug is now pulled into the canal, the apex being firmly tied against the apex of the invagination, and the threads firmly knotted over the small piece of wood. The operation is thus completed.

The plug is left *in situ* for three or four days or more, until pus appears to flow freely from beside the ligatures. These are then cut, and the plug withdrawn. The discharge is gently pressed out, a pad and spica bandage are applied, and the patient is kept in bed and cautioned not to strain at the stool for some days. As soon as the wounds have cicatrised, a truss may be applied, which should be worn for some months, especially when any exertion is made; it may gradually be left off when the tissues have become firmly consolidated. The time occupied in treatment varies from a month to six weeks in ordinary cases; if there be much suppuration, and that have burrowed among the abdominal muscles, there may be delay, and counter-openings may be necessary; but such cases are the exception. The only one was that of a native who was attacked with erysipelas and died of pyæmia, the result of cellulitis. During the period of the insertion of the plug, the bowels generally remain confined, and indeed for several days after its removal; should they act, the patient must be warned against efforts at straining.—*Brit. Med. Journal.*

Influence of the Moon.

Young plants, like human babies, must have plenty of rest. If they shoot up from the seed in the waning of the moon, they enjoy the repose of the long dark nights; if in the growing moon, their young life, over-stimulated by the light, perishes or suffers deterioration more or less.

The latest observations make it certain that the sun-heat reflected from the full moon's face is sufficient to dispel clouds, and it must modify, therefore, notably the climate of the kitchen garden.

One of the most brilliant astronomical discoveries of the last ten years is that of the so-called eleven-year cycle, during which Jupiter and the other planets alternately collect upon one side of the sun, and then at other times disperse themselves around it, producing in the one case an abundant supply of spots upon the sun's disk, with a corresponding lowering of the climate of the earth, and in the other the dispersion and disappearance of spots, and a higher mean temperature of the earth.—*Lesley's Lectures.*

On Torsion of Arteries. By THOMAS BRYANT, Esq.

[In a paper read before the Royal Medical and Chirurgical Society, the follwing conclusions were stated:]

1. That hemorrhage may with certainty be arrested by torsion from even the largest vessels. 2. That it is safe and judicious practice in all cases in which the vessels are small or of moderate calibre; and that, as far as experiments and practice yet prove, it is equally so in arteries of the first magnitude. 3. That torsion may be "free" or "limited," the free method being applicable to vessels of moderate size, and even to the largest of the extremities, limited torsion being more adapted for the large and loosely connected vessels. 4. That in torsion, as in the ligature, the permanent hæmostatic processes are alike due to the sealing of the divided inner and middle tunics; but that in the ligature there is only an irregular division of these tunics, whilst in torsion there is a complete division, separation, retraction, and valvular incurvation. 5. That in torsion the twisted cellular coat forms, with the retracted and incurved middle coat, the direct mechanical obstacle to the flow of arterial blood, in the same way as the compressed cellular coat does in the ligature, but that in torsion the twisted cellular coat and incurved middle coat become subsequently a permanent means of occluding the end of the artery, whilst the ligature of necessity becomes subsequently a source of irritation, and too often a means of undoing what has been done by nature's own hæmostatic processes. 6. That in torsion the twist in the cellular coat of an artery, the division and subsequent retraction, incurvation, and adhesion of the middle coat,

and the coagulation of the blood in the vessel down to the first branch, are the three points upon which its temporary as well as permanent safety depends, whilst the permanent safety of acupressure rests only upon the last point alone, and its temporary effects upon the pressure produced by the needle. 7. That there is every reason to believe that when torsion has been successful on its first application, the fear of subsequent hemorrhage is altogether groundless, for there is nothing, as there is in the ligature, to interfere with the physiological processes set up by nature to occlude the divided vessel, and, unlike acupressure, the temporary obstacle to the flow of blood becomes a permanent one. 8. That upon physiological grounds torsion has decided advantages over the ligature and the acupressure-needle, and that if subsequent experience confirms what has been hitherto observed in the experiments on animals and the application of the practice in the human subject, we shall have gained a point of no mean importance, and simplified Surgery in no slight degree.

Flatuleut Distension of the Colon, with or without Diarrhœa:

To check the flatulent distension of the colon from gaseous evolution, creosote and carbolic acid hold a deservedly prominent position; and when there is also diarrhœa, *carbolate of lime* may be given internally with marked benefit. The carbolate of lime, as prepared by Mr. Squire, of Oxford Street, is perfectly white, and the smell is not so strong as the ordinary carbolate of lime used as a disinfecting agent. I have generally given it in one grain doses combined with henbane; and I may remark that in the diarrhœa of phthisis, where there is evidence of fermentative changes in the colon, I have repeatedly used the carbolate of lime with good effect.—*Lancet.*

Pruritus of the Vulva.—After having used lotions of alum, borax, carbonate of potassa, or of soda, corrosive sublimate, lime water, and the alkaline hypochlorites in vulvar pruritus, M. Delioux of Savignac, prefers the following mixture: take of distilled cherry laurel water 15 parts, carbonate of potassa, 30 parts, water 500 parts; mix, and apply cold with a sponge.

Dr. Shacker finds *pure* vinegar to be the most efficacious remedy in prurigo of the anus and genitals, when there is no erosion of the skin; but, even after the cure, it must be perseveringly employed to avoid a relapse.—*Abeielle Med.*

Vomiting.—Dr. Fereol has caused the most obstinate and incoercible vomitings to cease by means of the following mixture given by drops upon a lump of sugar, from time to time: take of tincture of Cannabis Indica 1 part, tincture of Nux Vomica 1 part, distilled water of Balm 5 parts; mix.

EDITORIAL.

Society Meetings—June is the month of Society meetings, and necessarially the editorial of this number will be principally occupied with their proceedings. We notice the same active exertions upon the part of the few, and neglect on the part of the many, and from past experience we judge it will always continue so.

The Editor had the pleasure of visiting the State Societies of Illinois and Indiana, and shaking hands with many of the old students of the Institute. It is a source of great gratification to find them uniformly successful in practice, and possessing in a marked degree the confidence and regard of the communities in which they are located.

The meeting at Springfield was a decided success for a first effort, thirty-six of the most prominent physicians of the state being in attendance. With such a commencement, I shall feel disappointed if I do not meet over a hundred the next year.

The meeting at Indianapolis was not as well attended as it would have been, had there been pleasant weather. With rain for a week, and the country flooded, it was difficult to get about; besides, wet weather, like a wet blanket, is depressing to the *morale* of the people, and relieves them of any surplus energy they may possess.

Revisions.—Prof. King is busily employed in revising the American Dispensatory, and will make such alterations and additions as will make it a representative work in Eclectic medicine. Our Dispensatory has had a very large sale, and has been greatly esteemed by all schools. We may hope that the new edition, to which he is giving so much time, will prove still more successful. The work will be issued in December, and the price will remain as before, $10.

The editor is now engaged in revising the *Eclectic Practice of Medicine*, which will occupy his time the entire summer. Considerable additions will be made to it, and it will be rendered as perfect as possible. Four thousand copies is a large sale of such a work, and is the best evidence of its appreciation by physicians. The revised edition will be ready by the first of January, and will probably cost $7.

Bills.—We send bills with this number to all in arrears, which we hope will be honored on sight. We do not feel like losing any of our old readers, as we are confident they do not feel like losing us. Neglect and forgetfulness are to be credited with ninety-nine out of every hundred names dropped from our books.

Note, Bill and Account Book.—This work of Dr. King's has been favorably received. No one doubts the advantages that would follow the adoption of such a plan, could it be uniform; but many think that with the present active competition in medicine it is not feasible. My opinion is, that in most places it cannot be adopted at once, but there are none in which it may not be gradually introduced. At first it will be employed principally for transient patients, and for making out the yearly bills of old patrons. But as time passes the bills will be made half-yearly, and in two or three years promptly when the services have been concluded. It is a good thing to accustom a community to the idea that medicine is a *business*, and that the doctor wants pay, good pay, and prompt pay. The books are published at a low price, $1 each, by mail free of postage. Or, when a number of physicians conclude to adopt them, $9 per dozen by express.

Cholagogues.—Of all the old errors, none were so gross as those relating to the liver. The very name of *liver complaint* is sufficient to excite a *guffaw* among intelligent physicians. And were it not so humiliating to our pride in man's mental powers, the relationship between doctors and the liver, medicine and bile, might be exploited as the joke of a thousand years.

Even yet we find believers in the liver, as the source of many ailments, and *rara aves* who could not practice medicine without *tapping* the organ, believing it to be the fountain of all uncleanliness.

With the old school it continually called for mercurials; with the new for podophyllum or podophyllin. With the first mercury was a Samson to slay all diseases; with the second podophyllin was a greater Samson to act upon the same organ and in the same way.

Our old school friends felt greatly chagrined when the experiments of a German physiologist demonstrated that the mercurials had no action upon the liver; that none of them ever increased the bile; and that all, when given to catharsis, diminished the secretion. But they denied the fact, claiming that the experiments had not been properly performed.

But when these experiments had been reported and brought forward by prominent men, they could not but be recognized. Then we find them clearly stated by Dr. Hibbert, in a paper read before the Indiana Medical Society, in 1867; by Charles Murchison, M. D., F. R. S., in his clinical lectures on diseases of the liver, 1868, as well as by other writers.

These facts forced themselves upon the attention of Dr. Bennett, of Edinburgh, and through his influence, the British Association for the advancement of Medical Science, appointed a committee to determine by experiment their truth. This

committee reports, that in a series of careful experiments on some two-score dogs, no mercurial preparation was found to influence the liver in the least, unless we except, that when given for any length of time they uniformly caused deterioration of the general health, and then the quantity of bile was lessened, as it was also when cathartics were used.

Experiments were also made with taraxicum, which had no influence, and with podophyllin, which was almost in the same category. Whenever the latter agent was given to catharsis, then the flow of bile was diminished, but when given in small doses the fluid was slightly increased, but the solids were diminished.

These facts have been published in the Journal as early as 1864, and we name them here to give the additional evidence of Dr. Bennett's committee. They prove conclusively that mercury has no influence upon the liver, and hence its use in medicine has been a continued error, as well as a continued evil. But it proves too much for many persons, for it clearly proves that there are no *cholagogues*, or liver stimulants, and indeed that the liver can well be left out of our estimate of disease.

Eclectic Medical Association of the State of Iowa.—Second annual Meeting. In accordance with adjournment and published notice, the Iowa State Eclectic Medical Society convened at Davenport, Wednesday, May 12th, with President W. Molesworth, M. D., in the chair. The Secretary, J. Gadd, M. D., being absent, J. R. Duncan, of Knoxville, was appointed Secretary, *pro tem.*

On compliance with the requirements of the constitution, all physicians present who were not members, were elected and duly registered.

Profs. H. K. Whitford, M. D., and H. D. Garrison, M. D., being present were elected honorary members, and by invitation, were invited to participate in the proceedings.

The following committies were appointed to report at the session Thursday morning.

A committee of three to select a place for holding the next annual meeting: Dr. J. R. Duncan, Chairman.

A committee of three, Dr. W. Roberts, Chairman, on nomination of officers for the ensuing year.

The annual address was then delivered by Dr. Wm. Molesworth, when the association adjourned until 9 o'clock Thursday morning.

Thursday's Session.—The Association met with President Molesworth in the chair. Minutes were read and approved. Committee on nominations reported the following names for officers for the ensuing year.

President—Dr. W. Molesworth, Des Moines; Vice-President—Dr. J. R. Duncan, Knoxville; Secretary—Dr. E. H. Carter, Norwalk; Corresponding Secretary—Dr. E. S. Crill, Davenport; Treasurer—Dr. Alexander Wiltse, Strawberry Point. All of whom were unanimously elected.

Committee on next place of meeting reported in favor of holding the next annual meeting at Des Moines,—the time to be fixed by the President, and the call to be announced through the Eclectic Medical Journals.

A communication from Prof. R. S. Newton, of New York, was received, read, and placed on file. The propositions contained in it were discussed and referred to the Executive Committee.

On motion Dr. E. H. Carter was appointed a committee to wait upon and settle with the secretary of 1868–9.

On motion of Dr. Duncan it was resolved that this society favors the formation of a National Eclectic Medical Association.

On motion Drs. Duncan and Molesworth were appointed a committee to confer with other state societies for the purpose of effecting such an organization, with power to act as delegates, in the event of holding a national meeting previous to the next meeting of this state society.

On motion it was resolved that every Eclectic physician in the state be requested to foward his name and address to W. Molesworth, M. D. of Des Moines, Iowa.

Drs. Wm. Ross and E. C. Witham, of Wilton, and J. H. Thompson and J. A. Thompson, of Lettsville, having come in since the election of members yesterday, were put in nomination, properly vouched for and unanimously elected to membership.

The President announced the following committees for the ensuing year:

Board of Censors.—Drs. J. R. Duncan, J. H. Thompson, J. A. Reid.

Selection of Essays.—Drs. J. A. Thompson, W. Roberts, W. L. Pence.

Publications.—C. H. Potter, Wm. Ross, H. H. Crandall.

On motion the convention adjourned, *sine die.*

Ohio State Eclectic Medical Association.—The fifth annual meeting of the Ohio State Eclectic Medical Association was held in the hall of the Eclectic Medical Institute, on Wednesday and Thursday, the 26th and 27th of May.

The attendance was good, a larger number of new members being received than at any other previous meeting. Quite a number of the older members, however, whose faces have always been seen at the annual meetings of this Association, were absent.

A determination was manifest from the first to make the meeting an interesting and profitable one. Each felt that he was doing his duty in being present, and contributing something to the interest of the Association. All enjoyed themselves, and separated with the intention of doing the same thing over at Columbus, next year.

The President, Dr. T. J. Wright, called the Association to order, and, after the reading of the minutes, appointed a committee on the nomination of officers for the ensuing year.

The following gentlemen were nominated as officers, and duly elected by the Association.

President—S. H. Potter, M. D., of Hamilton.

Vice-Presidents—Prof. A. J. Howe, of Cincinnati, and A. Potter, M. D., of Springfield.

Recording Secretary—J. P. Marvin, M. D., of Cincinnati.

Corresponding Secretary—Abner Thorp, M.D. of Cincinnati.

Treasurer—Prof. J. M. Scudder, of Cincinnati.

Dr. S. H. Potter, on being conducted to the chair, returned thanks for the honor conferred upon him, and made some pointed remarks in reference to the duty that Eclectic Physicians owe themselves, and their common cause, in organizing themselves into societies.

The retiring President, Dr. T. J. Wright, delivered the annual address, which was an able and interesting paper.

After the address of Dr. Wright, miscellaneous business occupied the attention of the Association for the remainder of the morning session.

After organizing, in the afternoon, and disposing of some reports of officers and business committees, a report from the committee on the Revision of the Pharmacopœia and the Progress of Pharmacy was called for.

A majority report was read by the chairman of the committee, Dr. Merrell, on the revision of the Pharmacopœia. This report elicited considerable discussion, and occupied the time of the Association for the remainder of the afternoon.

In view of the lateness of the hour, the seeming impossibility of presenting a unanimous report, and the divided opinion of the Association in regard to the report he had read, the chairman of the committee on the revision of the Pharmacopœia, begged leave to report that the committee deemed it inexpedient and impracticable to make any report at this time, and asked that the committee be discharged.

Permission was granted Dr. Merrell to make such a report, and the report was adopted and committee discharged.

The committee was continued on the Progress of Pharmacy.

The second day was taken up in reading essays, medical discussions, and reports of cases.

Interesting papers were read by Drs. Ingalls, Howe, Anton,

and Jones, the essayists who were appointed at the meeting in 1868.

The association adjourned to meet in Columbus, on the last Wednesday in May, 1870. It is to be remembered that the meeting is only for *one day*.

J. P. MARVIN, M. D., *Recording Secretary.*

Minnesota Eclectic Medical Society.—Pursuant to a call the Eclectic Physicians of Minnesota met at the office of Dr. Morehouse, at Owatonna, Steele County, Minnesota, May the 26th, for the purpose of organizing a State Eclectic Medical Society. The meeting was called to order by Dr. Morehouse—Dr. Elliot was made chairman, and Dr. Culver Secretary. The object of the meeting being stated by the chairman, articles of incorpoa ration were adopted, and it was decided that the incorpor-- tion should be known as the *Minnesota State Eclectic Medical Society*—that the purpose of the Society should be to elevate the standard of *Electicism* or *Reformed Medicine*, and diffuse its principles. After the adoption of the articles of incorporation, the following officers were elected for the ensuing year, by ballot:

President—Dr. Morehouse, of Owatonna.
Vice-President—Dr. Morrison, Peddler's Grove.
Recording Secretary—Dr. Culver, Rochester.
Corresponding Secretary—Dr. Case, Wilton.
Treasurer—Dr. Lee, of Cleremont.
Censors—Drs. Elliot, Wellcome, and Morehouse.

After appointing a committee to draft constitution and by-laws, the Society adjourned to meet at 8 o'clock in the evening.

The Society met pursuant to adjournment—President in the chair—proceeded to adopt a constitution and by-laws. Then followed a discussion upon the reliability of fluid extracts and concentrated remedies, as now found, after which a motion was made to adjourn to meet at 9 o'clock the next morning.

Society met at 9 o'clock A. M.; was called to order by the President. After the transaction of business, the Society listened to remarks, from the President, upon the Theory and Practice of Medicine, also to Dr. Elliot, of Minneapolis, upon the Diseases of Women and Children, and their treatment. Dr. Wellcome, of Garden City, made some remarks upon the Practice of Medicine as it was, and as it is, which were of a very practical nature.

A motion was made that the proceedings of the Society be sent to Dr. Scudder, for publication in the Eclectic Medical Journal of Cincinnati; also to Dr. Newton, for publication in Eclectic Medical Review, of New York. After the further transaction of business, the Society adjourned to meet the first Wednesday in September, at Owatonna Minnesota.

DR. W. CULVER, *Sec'y.* DR. E. M. MOREHOUSE, *Pres't.*

Annual Meeting of the Eclectic Medical Association of the State of Indiana.—The Fifth Annual Convention of this Association met in the Senate Chamber of the Capitol, June 1st.

Dr. S. P. Fisher, of Rossville, President of the Association, took the Chair, and called the Convention to order at 2 o'clock, P. M. The President announced the order of calling the roll and reading the minutes.

On motion of Dr. Pickerill, because of the absence of the Secretary, and other members of the Association not yet here, it was ordered that the roll-call and reading of the minutes of proceedings of last Convention, be dispensed with for the present.

On motion of Dr. Youart, it was ordered that a committee of five be appointed to select officers of the Association for the ensuing year.

Dr. Pickerill suggested the proprietyof uniting the offices of Treasurer and Corresponding Secretary in the same individual officer, and submitted obvious reasons for it.

The President thereupon appointed Drs. Cowdery, Youart, Meissie, C. H. Abbett, and Jones, to serve as said committee on nominations, and the committee (obtaining leave for the purpose) immediately retired for consultation.

Dr. Prunk, in behalf of the Board of Censors, reported Dr. J. B. Shultz, of Logansport, as a suitable and acceptable person to become a regular member of the Association. He also reported the name of Prof. H. D. Garrison, M. D. of Chicago, to be enrolled as an honorary member of this Association.

The evening session was occupied with discussions and final action on the report of the committee on nominations, resulting as follows:

President—Jos. Adolphus, M. D., of Logansport.

First Vice-President—E. P. Jones, M. D., of Jonesborough.

Second Vice-President—J. S. Cowdery, M. D., of La Fayette.

Recording Secretary—G. W. Pickerill, M. D., of Indianapolis.

Corresponding Secretary—J. M. Youart, M. D., of Indianapolis.

Treasurer—L. Abbett, M. D., of Indianapolis.

The next annual meeting of the association was appointed to be held at Indianapolis.

The convention adjourned till 9 o'clock this morning.

SENATE CHAMBER, Wednesday, June 2, 1869.

The Convention met at 9 o'clock A. M.—the President, Dr. S. P. Fisher, in the chair.

Dr. Cowdery moved for the appointment of a Publishing Committee for the year 1869—to consist of one member.

Dr. L. Abbett proposed to amend the motion, so that the committee shall consist of three members.

The amendment was agreed to; and, as so amended, the motion for the order was adopted. Whereupon—

Dr. L. Abbett proposed the re-appointment of Dr. Pickerill as Chairman of the Committee on Publications.

Dr. McCann proposed the re-appointment of Dr. Prunk and Dr. C. H. Abbett thereon.

The nominations were confirmed by unanimous consent.

Dr. Jones moved for a resolution to appoint a committee of two to contract for certificates of membership of this association, with the understanding as developed in the debate thereon, that the plate shall be purchased, and the certificates issued, when a sufficient number shall be applied for at five dollars apiece, to defray the expense of plate and printing.

The resolution was adopted, and Drs. Pickerill and Prunk were appointed said committee.

On the motion of Dr. Pickerill, it was ordered that the Board of Censors for the current year be appointed by the President this afternoon.

Dr. Pickerill moved for an order (which was adopted) for the hearing of essays appointed last year to be read before the Convention at this session. And he suggested that Dr. Grinnell's essay on surgery was in the hands of Dr. Prunk, and he would be glad to hear it.

Dr. Prunk said that Dr. Grinnell, who is absent, had informed him that this essay was not prepared as fully as he desired that it should be, but he was willing to try to read it at the request of the Association. He then read the essay on surgery by Dr. J. L. Grinnell of Morgantown.

On motion of Dr. Pickerill, the essay was received, and referred to the Publication Committee.

Dr. Cowdery, of Lafayette, being now called upon for the purpose, read his Essay on the Pathology and Treatment of Uterine Leucorrhœa.

And after criticisms thereon, submitted by Dr. Youart and others, it was referred to the Committee on Publication.

Dr. Youart being called on for his Essay on Surgical Diseases of the Eye and Ear, and Dr. Frazee for his Essay on Malpractice, submitted that they were without preparation thereon.

On the motion of Dr. Pickerill, it was ordered that essayists appointed at the last session, who are not prepared to read essays, be requested to furnish them, and that they be referred to the Publishing Committee.

Dr. Pickerill submitted that the committee appointed at the last session, on the matter of securing for the Association the benefits of the General Act of Incorporation, be called upon for their report.

Dr. Youart said he had taken no step in that matter, further than to get up the draft of an act of incorporation.

Dr. Pickerill said, under the general law of incorporation this is not a very great matter. We want only a record and publication, and we become an incorporated body. He understood that Dr. Youart was to attend to it, and there need be little or no expense involved.

On the motion of Dr. L. Abbett, it was ordered that Dr. Pickerill be added to the Committe on Incorporation, and that said committee have further time to report.

The Convention then took a recess till 4 o'clock P. M., to enable the body to visit the Indiana Hospital for the Insane, in response to the invitation of Dr. O. Evarts, the Superintendent of the Institution, which was courteously tendered yesterday.

Afternoon Session.—Having visited that most gratifying monument of the State's benevolence, and received the ready and courteous attentions of Dr. Evarts and his associates and assistants, during the recess, the Convention resumed session in the Senate Chamber—the President in the Chair.

The President now announced the Board of Censors for the current year, namely:

Drs. L. Abbett, Ridgeway, Shultz, Pickerill, and Prunk.

Essayists and Committees of one—to Report at the next Annual session.—On motion of Dr. Prunk, the members of this Board obtained leave to retire for consultation. When they appeared again in the Chamber—

Dr. Prunk submitted the result of their conference in the following report, which was concurred in by consent.:

The Board of Censors reported the following persons for essays at the next meeting, with the following subjects:

Dr. L. Abbett—Diseases of the Stomach.
Dr. J. Adolphus—Tuberculosis.
Dr. J. F. Ridgeway—Diseases Peculiar to Women.
Dr. G. W. Pickerill—Strumous Diseases.
Dr. L. Frazee—Diseases of Children.
Dr. J. B. Shultz—Diseases of the Prostate Gland.
Dr. M. Jay—On Dislocations.
Dr. S. D. McCann—Renal Diseases.
Dr. D. H. Prunk—Amputations.

Examinations of the pathogenetic and therapeutic action of medicines the Board distributed as follows:

Dr. Meissie—Belladonna.
Dr. J. S. Cowdery—Carbolic Acid.
Drs. J. S. Fisher, E. P. Jones, and S. H. Riley—Any agent of their own selection.

Action of Drugs.—Dr. Prunk, being called on for the purpose, submitted a verbal report of his observations and experience of the Pathognesis and Therapeutic action of Gelsemium.

Dr. Ridgeway offered criticisms thereon.

Dr. Jones submitted his observations on the Pathogenesis and Therapeutic action of Dioscorin:

Dr. Pickerill, having been appointed for the purpose, submitted observations on the actions of Collinsonia as a medicinal agent.

The Convention then took a recess till 8 o'clock P. M.

Evening Session.—In the absence of the President—

On motion of Dr. Pickerill, the Vice-President, Dr. Jones, of Jonesboro, was called to the Chair.

Dr. Pickerill called the attention of the Convention to the importance of the Code of Ethics, heretofore adopted and published by the Association, especially the 22d Article.

Drs. Abbett, Cowdery, and others took part.

On motion of Dr. Ridgeway, there was adopted a modification of the instruction against medical men flaunting unprofessional advertisements.

On motion of Dr. Pickerill, there was adopted an order to hear the authorized essay of Dr. Jones. Whereupon—

Dr. Cowdery being called to the Chair—

Dr. Jones of Jonesboro, read his essay on the use of the Hypodermic Syringe.

Dr. Cowdery submitted his views of the utility of a Pysician's Insurance Company, and after some desultory conversation thereon, Dr. Cowdery was requested to submit a report thereon for publication.

Drs. Pickerill, L. Abbett and Ridgeway, were appointed a Committee of Arrangements for the next meeting of the Association.

On motion of Dr. Pickerill, it was ordered that the Constitution, By-laws and Code of Ethics be published with the transactions of the Association for 1869.

After the transaction of other business, miscellaneous and incidental to the close of the session,

The Convention adjourned, to meet on the first Tuesday in June, 1870, at the city of Indianapolis.

Kansas Eclectic Medical Society.—Some time ago a call was made for a meeting in this State, and accordingly a number of our physicians came together at Lawrence, on the 1st inst, and organized a State Eclectic Medical Society.

The following were elected officers for the ensuing year:

President—Dr. S. E. Martin of Topeka.

Vice-President—Dr. G. H. Field, Leavenworth.

Recording Secretary—Dr. N. Simmons, Lawrence.

Corresponding Secretary—M. Summerfield, Lawrence.

Treasurer—Dr. D. Surber, Perry.

A committee was appointed to draft a Constitution and By-Laws; composed as follows: Dr. G. H. Field of Leaven-

worth; Dr. Stafford of Tonganoxie; Dr. McMullen, Burlington; Dr. Firebaugh of Paola and Dr. Bonebrake of Lecompton.

The following were appointed essayists: Dr. G. H. Field, Surgery; Dr. Martin, Obstetrics; Dr. Simmons, Cerebro-Spinal Meningitis; Dr. Surber, Malaria; Dr. S. W. Gleason of Wakarusa, Diphtheria; Dr. A. M. Cowan of Grasshopper Falls, Typhoid Fever; Dr. McMullen, Neuralgia; Dr. M. Summerfield, Medical Jurisprudence; Dr. Stafford, Rheumatism; Dr. Firebaugh, Pneumonia.

After agreeing that the next meeting be held at Topeka on the first Tuesday in February, 1870, the meeting adjourned.

M. SUMMERFIELD, *Secretary.*

Proceedings of the Illinois State Eclectic Medical Society.—The Illinois State Eclectic Medical Society, convened in Representatives Hall, in the city of Springfield, Illinois, at 10 o'clock A. M.

The meeting was called to order by Dr. W. H. Davis, of Springfield. Dr. W. W. Houser. of Lincoln, was appointed temporary chairman, and Dr. R. F. Bennett, of Litchfield, temporary secretary.

On motion the chair appointed Drs. Waters, of Bloomington, Davis, of Springfield, and Gunn, of Chicago, a committee on permanant organization.

On motion the chair appointed Drs. Worrall, Hall, Scudder, Garrison, Olin, Clark, and Simmons, a Committee on constitution and by-laws.

Prof. Clark, of the Bennett Eclectic Medical College, was called upon and spoke on the subject of trichina, exhibiting specimens of the diseased pork.

A Constitution and By-laws were adopted. The following members signed the Constitution:

R. F. Bennett, Litchfield.	Henry Olin, Ottawa.
J. Henry Buecking, Quincy.	S. F. Wehr, Bridgeport.
Thos. D. Worrall, Jerseyville.	W. A. Mallory, Howlett.
R. A. Gunn, Chicago.	A. L. Clark, Elgin.
L. C. Washburn, Delbi.	W. F. Bayne, Macomb.
J. B. Lewis, Camp Point.	R. R. Hall, Macomb.
C. H. Doss, Manchester.	Z. Waters, Bloomington.
A. B. Simmonds, Girard.	M. M. Prentiss, Rushville.
H. Tesmar, Sparland.	J. M. Scudder, Cincinnati, O.
H. D. Garrison, Chicago.	Robert G. Anderson, News.
H. Wohlgemuth, Springfield.	W. L. England, Athens.
W. H. Davis, Springfield.	T. J. Cox, Springfield.
Geo. Kirkpatrick, La Harpe.	J. T. Reynolds, Rockbridge.
John Clark, Mt. Pulaski.	W. W. Houser, Lincoln.
Wm. R. Smith, Cairo.	W. W. Johnston, Macon.
L. H. Redd, De Soto.	W. H. Flesher, Olney.

John H. McQuown, Paradise. J. F. Plimel, West Salem.
J. B. Denman, Charleston. P. J. Raymond, Flora.
David Bates, Calhoun. D. W. Morgan, Russellville.

The committee on permanent organization reported the following:

For President, Dr. H. Wohlgemuth, of Springfield; for first Vice President, Prof. H. D. Garrison, of Chicago; for second Vice President, Dr. Thos. D. Worrall, of Jerseyville; Recording Secretary, Dr. R. F. Bennett, of Litchfield; Corresponding Secretary, Dr. W. H. Davis, of Springfield; Treasurer, Dr. W. W. Houser, of Lincoln; who were elected unanimously.

Afternoon Session.—Convention met at 2 o'clock pursuant to adjournment, President Wohlgemuth in the chair.

Prof. J. M. Scudder of the Eclectic Medical College of Cincinnati, Ohio, addressed the Society on the subject of recent improvements in medicine.

Prof. H. D. Garrison spoke on the subject of medical reformation.

Prof. Gunn, spoke on the subject of medical reform in Europe.

President Wohlgemuth gave an interesting account of his experience as a practitioner of medicine in Springfield, for a quarter of a century.

Dr. Worrall spoke on the subject of medical reform.

A motion was made that the next meeting be held in Springfield, on the 1st Wednesday in June, 1870. After considerable discussion the motion was carried.

On motion of Prof. Garrison, it was resolved, that the State Eclectic Medical Society issue diplomas to the members of the society, and that the Executive Committee be authorized to procure the printing of said diplomas.

On motion of Dr. Worrall, the Secretary was instructed to send a telegram of congratulation by this society, to the Ohio Eclectic Medical Society, now in session in Cincinnati.

On motion the society adjourned, to meet at 8 o'clock P. M.

Evening Session. 8 *o'clock P. M.*—Dr. Worrall delivered a popular address on the American Eclectic Practice of medicine.

After which the convention adjourned, to meet in the Library Hall, in the morning at 8 o'clock.

Second Day, May 27th.—The convention met pursuant to adjournment, Dr. Wohlgemuth in the chair.

On motion, the President appointed Drs. J. B. Lewis, H. D. Garrison, and S. C. Washburn, a committee on credentials.

Dr. Mallory offered the following, which was adopted.

Resolved, That the thanks of this convention be tendered to the Secretary of State, for his courtesy in tendering the use of the Hall for this meeting.

On motion an appropriation of fifteen dollars ($15) to defray expenses was given Dr. Davis.

On motion the chair appointed Drs. R. A. Gunn, T. D. Worrall, W. H. Davis, W. W. Houser and R. R. Hall, a committee on legislation.

The President requested that the names of all Eclectic Physicians in the State be furnished the Corresponding Secretary.

Dr. Mallory offered the following, which was adopted.

Whereas, every attempt at reform, especially in medicine, is met by organized opposition by those who style themselves the regular profession, and

Whereas, in this state political and social ostracism has been maintained by said regulars, therefore,

Resolved, That the society recommend the Eclectic Physicians throughout the state, to organize district or county societies, to be held at the county-seats monthly or quarterly, for the purpose of acquaintance and co-operation, establishing a uniform rate of charges, reading of essays, report of cases of surgical operations, and prescribing for such cases as may be presented by members of the society. Examining the claims of those who may be presented for membership, and for the mutual aid of each other, and for the promotion of Eclecticism, to circulate proper works answering the purpose.

On motion, a vote of thanks was tendered Dr. Davis, for his efforts and perseverance in convening the society.

Dr. Davis spoke on the subject of Hydrophobia, giving a case in practice. Several other gentlemen spoke on the same subject.

On motion, a vote of thanks was tendered General Superintendant H. McMullin, of the Chicago and Alton R. R., for favors extended to the members of this convention.

On motion, Prof. Scudder was appointed to deliver the address at the close of next convention, and Drs. Mallory, Clark and Hall to read essays.

On motion, the secretary was directed to furnish the proceedings of the convention to *The Eclectic Medical Journal* of Cincinnati, Ohio, *The Chicago Medical Times*, and the *Great Western Family Journal.*

Vermont State Eclectic Medical Society.—The fourth annual meeting of the Vermont State Eclectic Medical Society was held in Montpelier, at the State House, on Wednesday, the 2d day of June, 1869. The meeting was called to order at 10 o'clock A. M., by the President, M. McLearn, M. D. of Northfield. The records of the last annual meeting were then read by the Secretary, and approved. Reports of the Treasurer and of the Censors were then presented, all of which were accepted. S. N. Eastman, M. D., and G. H. Gray, M. D., wishing to become members of the Society, were elected. Moved that a

committee of five be appointed to nominate a board of officers for the ensuing year. The following named gentlemen were appointed by the Chair: Drs. Johnson, Dodge, Bagley, Templeton and Brush. Said committee retired for a few minutes, and then reported in favor of the present board of officers holding their respective offices a second year, which report was accepted. At the afternoon session Timothy Russell, M. D., was presented to the Society as delegate from the Eclectic Society of the State of New Hampshire, who addressed the Society at considerable length, in a very able manner; giving the rise and progress of this new system, and the favor with which it has been accepted in his State. Essays were then read by Drs. Johnson and Plumley. Dr. Bagley presented a very interesting surgical case, consisting of a destructive and corrosive cancerous affection of the under lip, which seems to be progressing rapidly toward a fatal termination. Other surgical and medical subjects were then discussed at some length by Drs. Brush, Templeton, Durkee and others. Essayists for the next annual meeting were appointed, consisting of Drs. Dodge and Bagley of Chelsea, and Pumley of Montpelier.

Medical Laws.—We have received quite a number of letters with regard to the Medical Acts recently passed. They especially interest those who are practicing without their degree. In Indiana and Illinois the bills before the Legislatures did *not* pass—hence there are no laws in those States.

But all may be assured that the coming winter will see a medical law requiring graduation, in almost every State of this Union.

We have already given the Act of Ohio, and append the recent enactment in Minnesota. The law of Wisconsin is very similar.

Fictitious graduation, (by honorary degree without attendance) will not fill the requirements of the law.

An Act to protect the people of Minnesota from empiricism and imposition in the practice of medicine and surgery.

Be it enacted by the Legislature of the State of Minnesota:

SECTION 1. That it shall be unlawful for any person within the limits of said State, who has not attended at least two full courses of instruction, and graduated in some school of medicine either in the United States or of some foreign country, or who cannot produce a certificate of qualification from some State, District or County Medical Society, and is not a person of good moral character, to practice medicine in any of its departments, or perform any surgical operations for reward or compensation, or attempt to practice medicine or prescribe medicine or medicines, or perform any surgical operations for reward or compensation within the State of Minnesota.

SEC. 2. Any person living in the State of Minnesota, or any person coming into said State who shall practice medicine, or attempt to practice medicine in any of its departments, or perform or attempt to perform any surgical operation upon any person within the limits of said State, in violation of section one of this act, shall, upon conviction thereof, be fined not less than fifty dollars, nor more than one hundred dollars, for such offense, and upon conviction for a second violation of this act, shall, in addition to the above fine, be imprisoned in the county jail of the county in which such offense shall have been committed for the term of thirty days; and in no case wherein this act shall have been violated, shall any person so violating receive a compensation for services rendered. *Provided*, nothing herein contained shall in any way be construed to apply to any person practicing dentistry exclusively.

SEC. 3. Any person who fails or neglects, on or before the first day of October, 1869, to file in the office of the Clerk of the District Court of the County in which he resides or keeps his office, a sworn copy of the certificate or diploma of some school or college of medicine, that he has attended at least two full courses, and graduated at such school, or a sworn copy of a certificate of qualification of some State, District or County Medical Society, shall not be permitted in any Court of this State to sue for or recover any compensation for his services, advice or attendance as a physician or surgeon, and the failure to file a sworn copy of such diploma or certificate, as above provided, shall be *prima facia* evidence that he has not attended or graduated at any school of medicine, or received a certificate of qualification from any State, District or County Medical Society.

SEC. 4. Any person studying medicine with a preceptor qualified as in this act provided, shall have three years from the commencement of his term of study to comply with the provisions of this act.

SEC. 5. This act shall take effect and be in force from and after the first day of October, 1869.

Approved, March 9, 1869.

The Albion.—If any of our readers wish a first-class New York paper, and one that gives the foreign news, we would recommend the Albion. It is a large sixteen-page sheet weekly, at $5 per year in advance. *Annual Club Rates*, until further notice, with a copy of any one of the following splendid steel engravings with each copy of the paper—Queen Victoria, Prince Albert, Sir Walter Scott, Washington, Benjamin Franklin, Lord Nelson, St. Paul's, London, General Havelock, Three Members of the Temperance Society, the Castle of Ischia, Return from Hawking, Dignity and Impudence, Deer Pass, Florence Nightingale, Columbus' New World, Dr. Kane, The First Trial by Jury, The Falls of Niagara, Guess my Name, Houses

of Parliament, Duke of Wellington, Windsor Castle, Buckingham Palace, Westminster Abbey—For two copies, $9 in advance; for five copies, $20 in advance; for ten copies, $35 in advance, with an extra copy to the getter-up; for fifteen copies, $48 dollars in advance, with an extra copy; for twenty copies, $60 in advance, with two extra copies.

Bennett College, Chicago.—We have received the Annual Announcement of this school for the present year. Lectures will commence on the 5th of October.

The Chicago Medical Times—Drs. John Formon and R. A. Gunn, editors and publishers, Chicago, Ills. We have received Nos. 1 to 5 inclusive, and gladly place it on our exchange list. It is a monthly of 48 pages, in good type and paper, at $2 per annum.

VARIETIES.

Quinia in a Palatable form.—Dr. Lock of Newport, Ky., hands in the following recipe, which calls for a combination of quinia, which a child will take without aversion. In part, the mixture is pleasant to the taste, and a complete disguise for the quinia. ℞ Sulphate Quinia, grs. xxiv; Tannic Acid, grs. xii; Comp. Spts. Lavender, f℥iss; Cinnamon Water. f℥iss; White Sugar, ℥i.

New Remedy for Morning Sickness of Pregnant Females.—℞ Dissolve one grain strychnia by the aid of a little nitric acid and water, add enough alcohol to make one ounce of the solution. Of this give five drops every three or four hours, until the desired effect is produced. Care must be exercised that an overdose is not taken, lest it produce death of the fœtus, and so cause abortion. W. H. Davis, M. D.

A New Way to Preserve and Apply Vaccine Virus.—Take the lymph or powdered scab well macerated and diluted with water if thought proper, and soak pieces of tissue paper in it, and dry. At vaccination clip off a very small piece, lay it on the wetted place, and cover with isinglass plaster.

S. Windhurst.

Treatment of Sun-Stroke by Heat—A new treatment of sunstroke has been introduced with reputed success. Instead of applying cold to the head, as is customary, hot water is freely applied, and ammonia is afterwards administered internally.

Remedy for Toothache.—Alum reduced to an impalpable powder, two drachms; nitrous spirits of ether, seven drachms; mix and apply to the tooth.

Gleanings. By Prof. KING.

Warts.—By rubbing warts three or four times a day with the freshly expressed juice of stinging nettle (artie sourde), M. Jaroschevits has caused them to disappear in 8 to 10 days, without occasioning the least pain. If they resist this treatment, after the 5th day, he substitutes for the nettle, the juice of *Euphorbia Villosa*, and not one case in 22 has resisted this last agent, which must be used with care on account of its acridity.—*Abeille Med.*

Strychnia.—To detect its presence in the blood, urine or tissues, M. Cloetta removes the albumen they may contain, precipitates by the subacetate of lead, filters, treats by sulphureted hydrogen, filters anew, and evaporates the filtered liquid to dryness. The residue thus obtained is placed for twenty-four hours in contact with ammonia, then the liquor is agitated with double its volume of chloroform, and evaporated; the residue is dissolved in two cubic centimetres of water acidulated with pure nitric acid; then filter, put the liquid into a watch glass, and add a drop or two of solution of bichromate of potash. After several days, crystals of chromate of strychnia will be deposited, visible to the naked eye, which will allow us to recognize the chemical characters of the strychnia. One-twentieth of a grain of strychnia has thus been verified in 650 cubic centimetres of urine, (twenty-two fluid ounces).

Cigarettes for aphonia, chronic catarrhal affections of the throat, larynx and bronchii.—Moisten a piece of thick blotting paper with a saturated solution of nitrate of potassa, and allow it to dry; then coat it over with a layer of the compound tincture of benzoin. When dry, cut it into strips about four inches in length and two inches in width, and form each strip into a cigarette. These have been highly lauded against the above named affections.

The compound tincture of benzoin is prepared as follows: Take of coarsely powdered benzoin 926 grains, storax 694 grains, balsam of tolu 241 grains, socotrine aloes 123 grains, rectified alcohol 1 pint; mix: allow the articles to macerate for seven days, frequently agitating, and then filter.—(*Union Med*).

Liquor Sulphuret Calcis, has been found useful in itch, psoriasis prurigo, and sycosis. The best formula for its preparation is the following by Schneider: Take of unslaked lime, one pound; soft water, q. s. to slake it. Again, take of sublimed sulphur, two pounds; soft water, twenty pounds: mix the two together in a glass or porcelain vessel, and boil down to twelve pounds, stirring constantly with a wooden or porcelain spatula; then remove from the fire, allow it to cool, and pour off the clear fluid into large bottles which should be tightly closed. To use it the patient is kept in a warm bath for half an hour, then all the parts affected with the itch are

rubbed with a piece of flannel wet with the liquid—the patient is again placed in a warm bath for half an hour. Next day the same course is pursued, and this generally suffices.

For Sale.—The Janitor of the Eclectic Medical Institute has two Wired Skeletons for sale; they are nicely cleaned and well put together. One he will sell for $25.00, and the other for $30.00. Considering that an articulated skeleton in New York brings from $50.00 to $75.00, these are well worth the price asked. He has also one Skeleton nicely cleaned, but not put together, which he will sell for $15.00.

Address W. HOLLAND, care PROF. SCUDDER, Cincinnati, O.

For Sale—One of the best locations in the State, on the line of the Fort Wayne and Richmond railroad, twelve miles from any Eclectic physician, and a splendid opening for a drug store. House and office new. Price $500 cash.

Address Dr. HENRY, Po, Allen Co., Indiana.

Married—On Tuesday, April 20th, 1869, W. N. Wilkerson, M. D., to Miss Fannie B. Dixon, both of Memphis, Tenn.

RECEIPTS FOR THE JOURNAL TO JUNE 30.

C A Whither 2, W B Thurston 2, M Keller 2, Isaac Kesling 2, S M Hersey 2, Wm W Brown 2, E J Ross 1, J Blanchard 2, John A Hall 2, D Summerland 1, W F McConnel 2, J W Ross 1, W H Chatham 2, H V Oldfield 2, E N Hunt 2, J B Henion 2, H D Fisk 2, David White 2, H Remley 2, Josephus Foreman 2, W E Leinberger 2, D C Morris 1, W F Leech 3, H P Webster 1, W T Shivell 2, John Carney 1, L S Grow 2 25, Samuel Kelshaw 2, Chas A Hartley 2, P N Norton 2, W B Church 2, John Lamb 2, A W Foreman 2, Thos Gifford 2, Ford and Jones 2, C Thomas 1, H B Harris 2, J M Williams 1, W W Clark 1, W H Vinson 1, Jas W Wilson 1, W D Snoddy 2, R M Elliott 2, J H Brown 2. A Slack 2, E M Ripley 1, Fisher and Sayler 2, Henry Stockinger 1, J W Lee 2, M F Dean 2, G T Eubank 2, L E Wickens 2, B S Clevenger 1, F M Hackelman 2, A B Wescott 2, James Stanbro 2, C M Fisher 3, C D R Kirk 2, R M Ford 2, Wesley Brown 2, J McChristie 3, Randall and Losey 2, L P Taylor 2, J G McGowan 2, Chas Moore 1, David Williams 2, A Box 2, John Darby 2, J M Harrison 2, W J Atkinson 2, John R Walker 2, W B Shockley 2, D D Wiswell 2, P W Reed 2, D L Harlon 2, A Anderson 2, J J Box 2, D B Gedney 2, James Johnson 2, H Wohlgemuth 2, W F Bayne 2, R R Hall 2, H Alin 2, La Grange and Severance 2, W S Holland 3, P W Corya 2, Geo Bartholomew 2, Wm P Sweetland 2, Wm Rice 2, Thomas Birkhimer 2, J K Heltman 2, H L Smith 2, R W Fleming 2, Henry Wing 2, John S Whiting 2, H McCafferty 2, R Peregrine 2, Richard Hughes 2, A J. Smith 1 50, W F Troughton 50, W T Barnstrup 2, H C Sharb 2, A Gaston 2, W M Milton 2, W T Lindsay 2, Lafayette Gabbert 2, S G Robertson 2, P Wilbur 1, G W Pickerell 2, A F Cory 2, J S Cowdery 2, G W Mather 2, John O Scott 2, H W Simons 2, A R Pearce 2, H W Holden 2, T A Lucas 2, J H Holton 2, T P Taylor 2, E R Young 2, Levi Spitler 1, G W Holmes 2, M G Falconbury 2, Wm Dillon 2, D H Artherholt 2, A Sanford 2, J S Harvey 2, L H Luse 2, C B Golden 2, John Hardtuer 2, J Bryant 1 25, A H Forguhan 2, Allen Prichard 2, A F Pollard 3, P S Peakard 2, C M Wright 2, J A Thomas 1, C N Bishoff 2, J B Kendall 2, J Foreman 2, B Bailey 2, D L McMurtrey 1, B J Daniels 2, A S Chandler 2, B F Fallin 2, T L Irwin 1, E T Long 1, W Pope 2, J W Meseroe 2, A Eahart 2, Job T Dickens 2, O E Newton 2, John M Glasgow 2, Levi Minard 2, E P Ford 1, W O Farrington 2, J F Blair 2, E G Vancise 2, J Parker 2, Wm E Lord 2, J H Emery 2, Phil T Williams 1, Joseph M Cook 2, James Snow 1, A D Griffin 2, J H Dix 2, J P Stewart 2, John Davis 2, J Crane 2, G H Field 2, Geo Hinkle 2, H T C Emeis 2, J M Montgomery 2, N Bristow 2, Johnathan Faust 2, W Bodenhamer 4, Thos L Blakely 2.

HAZARD & CASWELL'S PURE COD-LIVER OIL,

Prepared on the Sea-Shore of Cape Cod and Cape Ann, by Mr. CASWELL personally, from Fresh and Selected Livers.

The universal demand for an article of Cod-Liver Oil that could be depended upon as strictly pure and scientifically prepared, having been long felt by the medical profession, we are induced to undertake its manufacture at the Fishing Stations, where the fish are brought to land every few hours, and the livers consequently are in great perfection. Its manufacture is personally superintended by our Mr. Caswell, and every gallon made is closely scrutinized. This Oil is confidently recommended to the Trade and Medical Profession as the Sweetest and purest in market.

It is made of fresh selected livers on the sea-coast, and can be retained by the stomach when other kinds fail, so sweet and pure is it, from the great care and skill attending its manufacture.

Prof. Parker of New York, says: "I have tried almost every other manufacturer's oil, and give yours the decided preference."

Prof. Hayes, State Assayer of Massachusetts, after a full analysis of it, says: "It is the best for foreign or domestic use."

After years of experimenting, the Medical Profession of Europe and America, who have carefully studied the effects of different Cod-Liver Oils, have unanimously decided the light, straw-colored Cod-Liver Oil to be far superior to any of the brown oils.

The nauseous and offensive character of the usual Cod-Liver Oil in use is extremely prejudicial—more so than none at all; so that an article fresh and pure is indispensable.

Sole Manufacturers and Proprietors, CASWELL, HAZARD & CO., under Fifth Avenue Hotel, New York City.

THE BEST THREE TONICS OF THE PHARMACOPŒIA,

IRON—PHOSPHORUS—CALISAYA.

CASWELL, HAZARD & CO., also call the attention of the Profession to their preparation of the above estimable tonics, as combined in their elegant and palatable

Ferro-Phosphorated Elixir of Calisaya Bark,

a combination of the Pyrophosphate of Iron and Calisaya never before attained, in which the nauseous inkiness of the Iron and astringency of the Calisaya are overcome, without any injury to their active tonic principle, and blended into a BEAUTIFUL AMBER-COLORED CORDIAL, delicious to the taste and acceptable to the most delicate stomach. A teaspoonful contains one grain of the Salt of Pyrophosphate of Iron, and a pint of the mixture contains the virtue of one ounce of Royal Calisaya Bark. The Profession are warned against many imitations of the Ferro-Phosphorated Elixir of Calisaya, made from very inferior materials.

Ferro-Phosphorated Elixir of Calisaya Bark, with Strychnia.

This preparation contains one grain of sulphate of Strychnia added to each pint of our Ferro-Phosphorated Elixir of Calisaya Bark, greatly intensifying its tonic effects.

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This combination holds sixteen grains Iodide of Iron to the ounce of our pure Cod-Liver Oil ["Oleum Morrhuæ"] in perfect solution, making a pleasant and beautiful, clear, light-brown combination, free from the unpleasant inkiness of the Iodide of Iron. It possesses not only the nourishing properties of the Cod-Liver Oil, but intensified by the powerful tonic and alterative effects of the Iodide of Iron, thereby assisting the assimilation of the oil by the stomach, and increasing its nutrition, making this invaluable remedy (Cod-Liver Oil) far more efficacious in scrofulous and other diseases indicating its use.

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Sweet Quinine is not offered as a substitute for common, bitter Quinine, but to replace its use, representing it thoroughly, may be trusted in the most important and obstinate cases.

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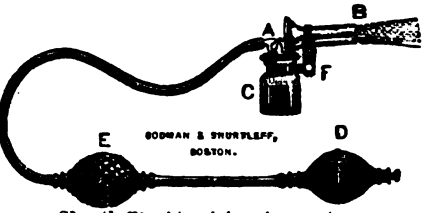

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[SEE NEXT PAGE.

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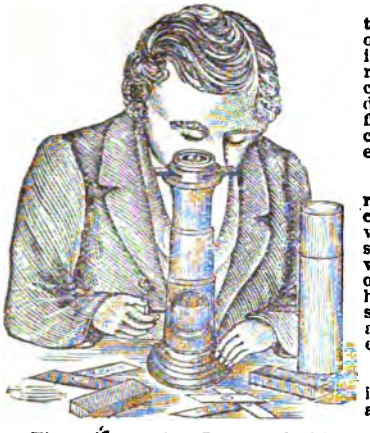

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THE

ECLECTIC MEDICAL JOURNAL.

VOL. XXIX. AUGUST, 1869. No. 8.

ORIGINAL COMMUNICATIONS.

ART. XXXIX.—*Endo-metritis.* BY I. J. M. GOSS, A.M. M. D.

This is an inflammation of the mucous membrane lining the uterus, as its name implies. Endo-metritis (from *endon*, within; *metra*, the womb; *itis*, inflammation,) is attended with the prominent symptoms, that all mucous membranes exhibit in a state of congestion and inflammation, that is, catarrh, or uterine Leucorrhœa. Perhaps there is no disease oftener overlooked than this. It is generally treated for the peculiar discharge—the leucorrhœa, or for prolapsus uteri, amenorrhœa, dysmenorrhœa, or amenorrhœa, as all these may occur as sequents of the endo-metritis.

Causes.—Whatever irritates the mucous lining of the uterus may set up inflammation of that tissue. The too frequent occurrence of pregnancy, or frequent abortions, are very liable to result in inflammation, either acute or chronic. Excessive sexual excitement, exposure to cold and wet, are causes that produce this disease. Vaginitis, either specific or simple, may give rise to it, when the morbid action extends upward. That peculiar morbid condition of the blood in syphilis may produce it also. That most unnatural habit of tight lacing, which prevents the return of the venous blood to the heart by the superficial veins, is another common cause of this disease.

Pathology.—Endo-metritis may appear in the acute form, and be limited to the mucous membrane of the cervix, or that of the body of the uterus may be involved. In the acute form, the whole organ is most commonly involved. The mucous surface is intensely red, œdematous, and softened; its papilla becomes prominent, and is easily separated in shreds or laminæ, from the subjacent tissues; and, although, it is unnatu-

rally dry at first, it soon begins to pour out a thick tenacious discharge, which frequently becomes muco-purulent, and often tinged with blood, which imparts a greenish yellow, or a yellowish red stain to the linen. The acute form may terminate in ten or fifteen days, but it much oftener gradually and insensibly pass into the chronic form. In the chronic form there is a condition resembling nasal catarrh; that is, there is an irritable state of the mucous membrane, congested in some parts, and excoriated in others, secreting a glairy mucus, resembling albumen, or the white of an egg. This discharge is the result of the increased afflux of blood to the part, producing a loaded condition of the capillaries, and exosmosis results from this congested state, and the fluid thus escapes into the cavity of the uterus and vagina, mixes with the mucus, and thus constitutes the leucorrhœa, or whites, which is one of the most prominent symptoms.

Symptoms.—In the acute form there is more or less fever, irritability, a sallow complexion, loss of appetite, pain in the uterine region, and across the sacrum, in the groins, and frequently extending to the thighs; there is a feeling of fulness and heat in the pelvis; a sense of bearing down, which is only relieved by the recumbent posture; there is frequent desire to pass the urine, which secretion is loaded with urates or uric acid. In some cases, at first, there is diarrhœa, and tenesmus, but that soon terminates in constipation of the most persistent character. Hemorrhoids frequently result. The uterus and ovaries are very tender to pressure, and a speculum examination shows that the uterus is in a congested state, but in a few days the characteristic secretion takes place, and the tenderness and congestion begin to diminish, and the os-uteri becomes patulous and the cervical canal dilated. The leading symptoms of the chronic form are the leucorrhœa, which is profuse, an obstinate disturbance of the digestive functions, and great debility. When the chronic form continues for some weeks, the os becomes contracted, and presents a smooth rounded surface; sometimes there is a coating of tough mucus over the os uteri, concealing the ulcerations, until it is removed by a swab. It is somewhat difficult to determine where the acute form terminates, and where the chronic commences, but by the symptoms we may determine whether the disease be confined to the mucous membrane of the cervix, or to the body and fundus of the uterus. When the body and fundus are involved, the disease is generally more grave, and it has a greater tendency to affect the nervous system, producing hysteria, nausea, tympanitis and menorrhagia. And in endometritis of the fundus, a digital examination causes much more abdominal pain than when the inflammation is confined to the cervix.

Diagnosis.—So characteristic are the symptoms of this dis-

ease, that it need not be mistaken for any other, except vaginitis, and it may easily be determined by the introduction of the speculum. In endo-metritis the speculum reveals the tough pellicle of mucus suspended from the cervical canal, which is not easily detached. The uterine tenderness, and the peculiar rounded appearence of the os uteri, together with the narrowed canal of the cervix, are evidences of the disease of the uterus itself. No physician should commence the treatment of what he is often consulted for, the leucorrhœa, until he has carefully examined the uterus with the speculum.

Treatment.—In treating this affection, the time it has existed will have to be taken in consideration. In the acute form, antiphlogistic treatment will be called for. If there is fever, aconite and gelseminum, together with warm alkaline baths to the hips, are the remedies. Injections of warm infusions of hydrastis will influence the discharge, and lessen the inflammation. If the skin is dry, asclepidin and dovers powders will restore the action of the skin and quiet irritation, and dispose to sleep. If constipation exists, 2 or 3 grs. of the extract of juglans, and ¼ to ½ gr. of podophyllin may be given once or twice in the day, so as to act gently on the bowels. In the chronic form the treatment has to be varied to suit the condition of the patient's health. If great debility exist, codliver oil and phosphate of iron, and tonics, will be required in addition to the specific treatment.—I have tried many remedies that are represented to have specific action upon the mucous surface of the uterus, but I have not found them all as represented. I commence the treatment with cold water injections, together with cold hip baths, gentle aperients, until the congestion is much abated, then astringents internally, and by injection. One of the best internal remedies that I have tried is the eryngium; (rattle snake's master,) I make a fluid extract of it, and give it with hamamelin, thus—fluid extract of eryngium, ℥vij; hamamelin, ℥ij; dose one teaspoonful, three times a day. If there is great debility, I add 2 or 3 ounces of codliver oil to the above, or give it separately in glycerine and syrup of the phosphate of iron.—If there be ulceration, which is generally the case, if the disease has existed very long, I cauterize with the nitrate of silver, alternated with a strong solution of permanganate of potash, say from 10 to 20 grs. to the ounce of water. I cauterize with one or the other every ten or twelve days, and have the patient, if able to get up, use the hip bath, and inject cold water, with a syphon syringe, up to the os, two or three times a day. With this treatment I have cured some of the most obstinate cases of the above disease.—Where there is an impoverished state of the blood, I always add iron to the general treatment. If the menstrual flow should be excessive, I restrain it with the oil of erigeron. If dysmenorrhœa exists, I give gelsemin during the menstrual

flux, so as to mitigate the pain. There is no specific remedy that I have tried, that acts so favorably as the combination of the eryngium and hamamelin; they seem to have a direct curative effect upon the mucous surface, especially that of the uterus. To what species of eryngium, the article that I use, belongs, I am not certain, but it grows here on uplands—some 3 to 5 feet in hight; (perhaps it is the aquaticum of Griffith and Gray.)—I have used the caulophylline, helonin, and alertridin, with good effect, where there was a relaxed state of the muscles of the uterus and vagina, and prolapsus uteri. They give tone and energy to the uterine functions, and exert a favorable impression upon the mucous surface; and they may be combined with the eryngium and hamamelin. I have used, by injection, to the os uteri, the strong infusion of hamamelis, virginica and the root of the statice caroliniana, (the marsh rosemary) with good effect, where the leucorrhœa was profuse and the mucous membrane much congested. Where the leucorrhœa becomes septic and offensive, injections of a weak solution of permanganate of potash, repeated three times a day, will correct the septic tendency, and materially influence the discharge. Where the mucous membrane is highly congested, and the leucorrhœa hard to restrain, pessaries made of tannin or galic acid, and cocoa butter, equal parts, and rolled into sticks the size of the ordinary stick of the nitrate of silver, and introduced into the cervical canal, which very gradually melts, and coats the mucous surface of the os uteri and vagina with the tannin. Some authors advise injections into the womb, but I regard that dangerous—so much so, I do not resort to it.

ART. XL—*Gelseminum Sempervirens.* BY C. D. R. KIRK, M.D.

In the March No. (69) of Eclectic Medical Journal, there is an editorial on "Poisoning by Gelseminum;" no case proved fatal, however, but were prevented only by the assistance from physicians. The poisoning was, perhaps, owing in part to the quantity given, and partly to the manner in which the medicine was prepared. It is my object to give in a few lines the best and, I believe, the only safe manner in which gelseminum can be used for all purposes to which it is adapted. Prepared in that manner, it is as safe and reliable as many of the most common medicines.

The preparation above alluded to (common tincture) is easily prepared; but few physicians will see the necessity of being so particular until they learn, as did the writer—by actual experience—and when they are so schooled they will not exchange Gelseminum for any agent in the materia medica, especially when they expect to contend with malaria, convulsions and irritable conditions of nervous system. When I first, as the allopathic physicians say, "got in the habit of using it," I

found some preparations would cure almost without other treatment every case of fever in a very little time, but others although they would cause the various constitutional symptoms, would add but little towards cure. This irregularity in its action, I first thought, was owing principally, perhaps, to the constitution, temperament, &c. of the patients, but I noticed in a Medical Journal an article on Gelseminum, in which the author believed by drying the roots, previous to tincturing, they would lose some of their most important medicinal properties. I soon found the author's ideas to be correct, but was not long in discovering another difficulty, equal, if not greater than the first, viz., some preparations prepared with fresh roots were very poisonous, and when given in full doses would produce some very alarming symptoms, with tedious recoveries, and it was soon obvious that it could not be used in that form. I was, however, convinced that it was the manner of prescribing; and that a poisonous property existed in it, that alcohol would extract, and even common whiskey would extract the poisonous property from the rhizoma or wood. I, therefore, with the assistance of others, learned to prepare it with common whiskey as follows: Fill the tinc. bottle with the bark of the largest fresh roots, (just as it may fall in the bottle) and then, without packing it, fill the bottle with common corn or rye whiskey, let it stand fourteen days, strain, &c. The dose is about 20 drops, repeated, in treating fevers, every three hours until constitutional symptoms are produced, which will generally begin soon after the second dose.

Gelseminum prepared in the above manner is antiperiodic, antispasmodic, nervine, and various other properties of no little use. I have no difficulty in curing fevers, except typhoid, in from 24 to 36 hours. Although Gelseminum is not the chief reliance, yet I could scarcely practice medicine without it. I always see that all causes or obstructions that emetics and cathartics can remove have been dispelled, then if there is still fever, I reduce it with Prof. Scudder's direct sedative (veratrum viride and aconite, aa., of tincture, 30 gtts., to water, ℥ iv.) in teaspoonful doses, every hour until the pulse is reduced, skin a little moist, etc. I then give—℞ Sul. Quinine, Ferrocyanide of Iron, aa. grs. xii; Gum Camphor, grs. iii to v. mix—divide into three powders—give one every three hours, also 20 drops of tincture Gelseminum, with each powder.

It will, no doubt, appear at first to many, in the above formula, that the Gelseminum is useless, and could be omitted, and the case cured just as quickly, but such is not the case. Suppose the fever to be remittent, the above, quinine and iron compound, given without the gelseminum, we could expect a rapid return of fever, and would soon have need of the direct sedative again, with cold sponge, &c.

In intermittent, congestive intermittent, and masked inter-

mittent, it is worth all other remedies with which I am acquainted. All that is necessary to make a rapid cure being to prepare the patient by administering emetics, cathartics, if necessary, and alkaline baths, and then begin the antiperiodics at such a time as will admit of some constitutional effects of gelseminum, one or two hours before the expected chill or fever.

It is thought by many to be contra-indicated, and perhaps is, but I have not yet noticed it in a single case. I do not regard congestion, if there is even a tendency to intermission. In congestion of the brain with intermissions, the last named antiperiodic will almost invariably be of much benefit, especially, after using the usual preparations, and tincture of belladonna, until some impression is made on the pupils of the eyes.

In gastritis with continual nausea, vomiting and hiccough, about 20 drops of tincture gelseminum and 1-16 of a grain of sulphate morphia, given every two hours, will almost invariably arrest it the second dose. Its good virtues in dysentery or flux are too well known to need notice. It is combined with morphia and camphor, the remedy in dysmenorrhœa, never failing to give relief.

In the irritable sleepless condition, we often find persons, especially delicate females after a hot fever, tincture of gelseminum and small doses of morphia will act like a charm—will not cause costiveness or any other symptoms of deranged secretion.

In obstetrics, combined with tincture lobelia, it answers a good purpose in many instances—combined with equal parts of oil of erigeron, it is far superior to the old balsam compound for gonorrhœa. Applied as a wash locally in ozæna, superficial burns, sun-blisters, etc., it will generally give immediate relief. Some physicians use it as a sedative; combined with syrup lobelia, squills and spirits nitre, it is a good diaphoretic. Prepared as I have indicated, its place can not be replaced by any other agent of the materia medica, but prepared with alcohol, by including the wood rhizoma, the fibrous root, or by preparing with dried bark, it is made dangerous and worthless.

I have known an over dose—one or two teaspoonsful—of the large, fresh roots and common whiskey, to be taken; it would cause the most alarming symptoms of relaxation, all of which would soon pass away, leaving the patient well of fever, and soon feeling very well.

Coffee and other active stimulants, with chloroform liniment to the spine will give prompt relief when an over dose has been taken. I know of no special antidote.

ART. XLI.—*Some of the later Manifestations of Syphilis:* BY A. JACKSON HOWE, M. D.

Syphilitic affections are occasionally manifested in the bones, joints, muscles, tendons, and other parts of the body. The earlier and commoner phases of syphilis have subsided months or years previously, but, from the force of the disease not having spent itself, or from individual peculiarity, late morbid phenomena continue to show themselves. They have been called *tertiary*, in distinction from the primary phases manifested in the "initial lesion"; and from *secondary* manifestations, which are chiefly exhibited in the forms of eruptions and throat affections. As there is no natural division between these several stages of the disease, there can be nothing gained by keeping up arbitrary terms which serve to perpetuate erroneous notions in pathology and therapeutics.

Syphilis rarely reaches its most advanced phases. It commonly ceases with the papular eruption upon the skin, and mucous tissues of the mouth and throat. In rare instances there is sufficient poison left to attack the periosteal coverings of some of the subcutaneous bones. When such be the case, the pain attending the periosteal inflammation is worst at night, and preceding changes of weather, resembling rheumatic aches. It is often difficult to distinguish between the two kinds of disturbance: rheumatic pains are prone to attack joints and deep seated structures; and syphilitic periostitis fixes upon the shafts of the long and thinly covered bones.

The tibiæ rank first in the order of invasions. The periosteal irritation, once started, makes a tumor by the effusion of lymph between the bone and its investing membrane. This gradually extends until a ridge several inches in length is produced. The periosteum being dense and inelastic, resists the gradual accumulation of lymph, making a tumor of stony hardness. If the swelling be pressed heavily near its border the finger will make a digital impression, which lasts a few minutes. A perfect *node* (osseous in character) could not thus be indented.

As soon as the contents of the tumor become ossified, making an exostosis, the inflammation subsides, and a cure at that point is effected, a painless node remaining for life. However, another tumor is likely to appear above or below the original, and may prove as distressing as its predecessor. One subcutaneous bone after an other—tibia, fibula, clavicle, or cranium, in part or wholly—may undergo the tedious inflammatory action, wearing the patient out with pain and irritative fever. In obstinate cases the inflammation is not confined to the periosteum and the surface of the bone, but extends to the medullary cavities, converting the affected parts into an hypertrophied condition of almost ivory hardness and heaviness.

The flat bones, especially those of the skull, do not often become thickened into exostosis, like the shafts of the long bones, but an ulcerative process is at length established, which disintegrates the outer table, rendering it uneven, as if channeled or worm-eaten.

Treatment.—The quickest and most effectual way to get rid of periosteal tumor and its distressing pains, is to incise it to the bone. This relieves the tense condition of the membrane enclosing the lymph, and the pain depending upon the pressure. The wound should not be allowed to heal by the first intention. A piece of lint pressed within the incision for a few days, will insure the evacuation of the tumor, and a reparative action by granulation. If there have been deposits of new osseous material the bony enlargement remains, yet no inconvenience will follow. The rough surface of the bone may be allowed to remain. An attempt to render the parts smooth by scraping or other polishing means, might result in caries or necrosis. The use of chloroform, aconite, or other stimulating and anodyne liniments, may relieve the pain, and obviate the necessity of an operation. Blisters and irritating plasters have proved effectual in rare instances. The hypodermic injection of morphia will produce temporary relief. Great heat affords some benefit. Iodide of potassium, in large doses, is more valuable as an internal remedy than any other known to the medical profession. The agent is commonly administered in connection with sarsaparilla, stillingia, and other vegetable alteratives, but there is no evidence, experimentally obtained, which shows that anything substantial is gained by the mixture. Given with water, or simple syrup, the iodide of potassium contributes as much to the relief of the patient as when prescribed in the same sized doses in conjunction with the "vegetable alteratives." Syrups and decoctions of stillingia, sarsaparilla, and other well known remedies of that class, employed singly or in the most approved combinations, will affect little unless the iodide of potash be given at the same time. Iodine in other forms is always valuable in the advanced phases of syphilis, whether the bones, tendons, or other structures be affected, yet in conjunction with potash, as ordinarially prepared by the pharmaceutists, it answers the best to allay periosteal inflammation. Iron and the mineral acids serve to allay chills and night sweats, and to assist the nutritive functions.

Nodes on the tendons and muscles may be incised to advantage, though the local application of the tincture of iodine should be tried for a few weeks before the knife is used. Ulcers produced by suppurating nodes, may be cauterized and treated with stimulating ointments, and astringent washes. The free internal use of cod liver oil and the syrup of the iodide of iron, will greatly promote the healing processes.

Nodes of the muscles and tendons frequently pass away without detriment to the functions of the parts.

Syphilitic Sarcocele.—Syphilitic hypertrophy of the testicle—quite different from gonorrhœal orchitis—takes place without any immediate exciting cause. After other phenomena common to syphilis have subsided, one or both testicles may begin to enlarge, and reach a ponderous size without pain or inconvenience, except a sense of heaviness. The swelling or enlargement is uniform, and seems to be produced by the infiltration of degenerate lymph into the meshes of the gland. The tumor is cold, and will endure pressure without eliciting the usual tenderness of the testicle. There seems to be no active signs of inflammatory action in the growth of the tumor. The epididymis becomes involved in the enlargement of the testicle, but the spermatic cord and scrotum remain undisturbed. A small quantity of serum sometimes accumulates in the tunica vaginalis, and the hypertrophied testis may have a lobular appearance at some period of its growth. The organ has been known, when enlarged syphilitically, to suppurate. It is, however, more likely to terminate in atrophy and loss of function.

Treatment of Syphilitic Sarcocele.—The successful management of a syphilitic testis depends much upon the peculiarities of the patient suffering from the disease. A lean, haggard individual having night sweats, chills, and impaired digestive powers, needs cod liver oil, iron, mineral acids, and a nourishing diet. Mercury has no power to drive out the lingering venereal taint, nor to aid in restoring to a normal condition the depressed vital forces. Arsenic and veratrum are much better adapted to arouse, and help sustain the flagging energies. The lymphatic system, which has been obstructed, must be opened.

Local applications, such as unguents, poultices, liniments and anodynes will do very little good. The influence of pressure obtained from the use of adhesive strips is worth all other agencies in reducing a swelled or enlarged testicle. The compression excites the absorbents to an extent that only a few days are required to reduce the gland to its ordinary dimensions. Old strips of the compressing plaster should come off, and new ones take their places every day, or at least every second day. A suspensory bandage should be used as soon as the compression is laid aside.

In all the advanced stages of syphilis the warm or hot bath is of the greatest value. The chief reason why syphilitic patients are benefitted by treatment at hot springs, is to be ascribed to the free use of vapor baths.

In the later periods of syphilis the contagious qualities of the disease no longer exist; and it is satisfactorially proven that the disease in its latest forms cannot be transmitted to prog-

eny. The influence of syphilis, in its expiring phases, rarely does any harm by direct action, or impression, but by vitiating the vital processes so that other forms of disease are allowed to prey upon the solids and fluids of the body.

Syphilis is so tedious in the evolution of its varied phases that there exists a very strong temptation to resort to "heroic means" for its cure. However, nothing is gained by intemperate efforts to relieve what only time can mend. The different preparations of mercury, gold, antimony, and other devitalizing agents, inflict positive injury, and never secure lasting advantages. Even the iodide of potash, which is commonly so harmless in moderate doses, and exerts such beneficial effects upon chronic syphilis, will occasionally do mischief. It may excite a troublesome coryza, inflame the eyelids to the point of ulceration, irritate the stomach, and rob the blood of its reparative qualities.

In ulcerative states of the mouth, throat, and mucous surface generally, that resist the means ordinarily employed to subdue them, the officinal forms of benzoin, internally used and topically applied, will often produce happy effects. The system not unfrequently grows intolerant of remedies long employed, and kindly receives other agents which might be quite acrid and irritative.

Since the overthrow of erroneous notions in regard to the vaunted anti-syphilitic virtues of mercury, a long stride in the right direction has been made towards a better understanding of the pathology of syphilis, and a more satisfactory application of remedies.

The lymphatic system is thoroughly deranged by syphilitic action, therefore those remedial agents will affect most benefit, which directly and healthfully impress the glands and vessels constituting that system. Nutrition is to be maintained, and extravagant wastes checked, hence that scheme of medication which proves most valuable in promoting the constructive changes, and in obviating morbid destructive processes, at the same time favorably influencing the lymphatic functions of the body, will prove most valuable.

ART. XLII.—*Office Pharmacy.* By JOS. ADOLPHUS, A.M., M.D.

In those cases of dyspepsia where the patient is weak, the tongue red, the appetite gone, great nervous prostration, and the stomach feels irritable, sore and angry, I have found the following an excellent remedy—in fact it may be called a "*Restorer.*" ℞ Quinia sulph. ℥j, Acid nit. ℥j, saturated tinct. Ptelia, fluid ext. Hydrastis, fluid ext. Conii, aa. ℥j. M. A teaspoonful in half a tumbler of water three times a day, before each meal. This prescription has done so much good for my patients that I wish others to use it, but use judgment in selecting the case.

An excellent anodyne is made as follows: ℞ Solid ext. Cannabis Indica gr. x., solid ext. Hyosciamus ʒss., Camphor gr. xxiv. M. Make into 10 pills to be used when sleep is refractory and unwilling.

Another is as follows: ℞ Opii pulv. ℈j., ext. Hyosciamus ʒj., Camphor ʒss. M. Make into twenty pills. One is a dose, repeated as frequently as needed.

I have been using the Senicio for the past year, and find it the best uterine tonic I have yet met with. I prefer the powdered substance. In all the uterine complaints I meet, I order Senecio with the best effect. Two cases of uterine neuralgia have recently come under my notice that yielded to it. In many nervous disorders of women, I find the Senecio a grand remedy. But remember I use it in substance.

The bromide of ammonium is a great remedy for women. I have seen it accomplish wonders for them, and many cases that are on the verge of hysteria are wonderfully benefited by it. When they suffer from a kind of rheumatic neuralgia, I order the iodide of potash witn it, and when the pulse is languid, add carb. ammonia, the formula thus: ℞ Bromide Ammonium ʒj., Iod. Potass., Carb. Ammonia, aa. ʒj., Infusion of Senecio ʒviij. M. A teaspoonful every four hours. The prescription must be persisted in till it accomplishes a cure.

I am of the opinion that the profession has had more confidence in Hydrochloric Acid on theoretic grounds than through real clinical experience. Then I have found that chemically pure nitric acid, kept from the light, is a far better remedial agent than the hydrochloric, and a more decided gastric tonic. This is a prescription that I frequently use: ℞ Decoction Quassia, ʒxii., Acid Nit., ʒij., Chlorate Pot. q. s. to saturate. Dose, from one to three teaspoonfuls every four hours. This has been of more use in typhoid fever than any other formula. I have also seen it cure many very bad cases of dyspepsia.

An admirable prescription in irritative dyspepsia and oxalate of lime urine, is as follows: ℞ Fluid ext. Podophyllin ʒij.. fluid ext. Nux Vomica ʒij, Nitro-muriatic Acid ʒj., water ʒij. Dose such as patient can stand. The heavy furred tongue, costive bowels, complete anorexia, irritableness of the abdominal cavity, and geneal malaise, are the signs that call for it in addition to the oxalate of lime urine. The prescription must be persisted in.

Amenorrhœa is best cured by the tonic treatment and the compound aloes and myrrh pill, thus: ℞ Aloes Myrrh, Iron by Hydrogen, *aa*, ʒi; divide in 60 pills. The senecio in infusion comes in here well, and an injection of 10 grs of aloes by rectum as often as once a day, commencing four or five days before the expected period, and applying small mustard cataplasms to the inside of the thighs.

I have tried arsenic in many nervous complaints, and when

tonics were needed, with good effects. I have found its union with iron, quinine and strychnine a splendid thing. Thus ℞ Fowler's Solution of Arsenic, ℥ij; Ammonia Cit. Ferri, ℥ss; Solution Strych., ℥iiss; Syrupi Simp., ℥xiii: teaspoonful three times a day in water, after each meal. I have added ℥i of Chapman and Dunk's improved fluid extract of callasaya bark to the prescription when I needed the bark tonic with the best effect; and by the by I must say that this improved fluid extract of callasaya, as made by them, is a splendid tonic and one of the finest things I have seen in that way.

A very valuable prescription in all cases of sub-acute rheumatism, syphilis, neuralgia and blood poisoning is as follows: ℞ Sulphite Soda, ℥ij; Iodide Pot., ℥iii; Carb. Ammonia, ℥iiss; Infusion Gentian, Oi: a tablespoonful three or four times a day—try it, even in miasmatic fevers. I have seen it do great good in Bronchitis.

When cod liver oil disagrees with the patient I generally order a bottle of Baker's Oil, shaken up with as much lime water, and two tea or tablespoonfuls taken at a dose the usual way and time. This aids digestion greatly. I usually order the patient to use lime water and milk freely. In this way I have overcome the most marked and persistent disgust to the oil; remember this—a pill composed of ℞ Alcohol Extract Nux Vomica, Alcohol Extract Leptandrin, Alcohol Extract Belladonna, *aa*, ½; and persisted in, will overcome nearly all cases of costiveness—remember it must be persisted in, taken every night at bed time.

In many diseases of the stomach and intestines, especially when the bowels are irritable and the digestion disordered, and the belly swelled, opium and podophyllin combined, work great cures; thus: ℞ Podophyllin, grs. xxx; Opi. (pure) ℥i: make 60 pills; one three times a day. The podophyllin may be increased to ¾ of a grain, if deemed desirable. In many skin diseases, if a rebellious form, I have made cures by giving arsenic in very minute doses, say $\frac{1}{50}$ of grain and a very restrict diet of mush and milk, oat-meal pudding, bread and milk, and avoid all grease, meat, spirits, etc. This regimen lies at the very foundation of successful skin disease treatment.

ART. XLIII.—*The Renovator.* By L. E. JONES, M.D.

Dr. A. R. Brown's "Renovator," or new mode of medication, acupuncturation and revulsion, is deservedly attracting much attention among medical men, who are familiar with the important therapeutic results following its application. As a means of revulsion, it is mild, speedy or protracted, and well adapted to the relief of either acute or chronic diseases. The degree of revulsion may be varied to meet the requirements of different cases and stages of disease, according to its extent, its mildness or intensity, its acute or chronic character.

The degree of action may be regulated: if the disease is extensive and attended with great severity, then acupuncturation should be performed in a great number of places, covering a greater extent of surface, and the needles should be so adjusted as to penetrate to a greater depth. By thus adjusting them they deposit the medicated fluid in the deeper-seated structures, as well as upon the surface. In this way, prompt and important counter-irritation and medication are effected.

In congestions, local irritation, acute or chronic inflammation, I verily believe the Renovator is not equaled by any other mode of relief. In laryngeal, tracheal, bronchial and pulmonic inflammation, speedy relief often follows its use when employed as an independent means of medication. It is also important when used as an auxiliary. If active expectorants and pectorals be employed, their peculiar effects are manifested when used with the Renovator with as much and even more certainty than when taken into the stomach. Such, it is claimed by Dr. Brown, is the case with all active medicines, in all diseases, when introduced in this way.

In extensive inflammation of the peritoneum, either acute or chronic, and so of the abdominal or pelvic viscera, the same salutary results follow; while the physician is not debarred from the use of other means at the same time, either external or internal. The case of the application to the patient, and the extent of surface acted upon in a moment, cannot fail to effect a speedy and salutary diversion from the disordered organs. In congestion, irritation or inflammation of the spinal cord, the free, frequent and protracted use of the Renovator, charged with appropriate fluids, affords a better prospect of cure, if the case be curable, than any other means at our command. In paralytic affections of a general or local character, depending upon local lesion or torpor of some portion of the nervous system, this instrument, charged with an appropriate stimulating fluid, may palliate or effectually cure, when other measures might fail. In lumbago, sciatica, coxarius morbus, rheumatic affections of the larger joints, of internal and vital organs, neuralgia, etc., there is no one measure, in my opinion, that will so speedily, and with so much certainty, alleviate or cure, while the means commonly employed in such cases may be used conjointly with this. A combination of means often accomplishes what a single one fails to effect. In local swellings, indolent tumors, indurations, chronic enlargements, and in thickening and hardening of tendons and ligaments, in deposits, infusions, infiltrations, anchylosis of joints, etc., there can be no doubt of its efficacy in many, perhaps in most cases. The peculiar constitutional results attendant upon the absorption or introduction of tobacco, lobelia, narcotics, the salts of morphia, the sulphate of quinia, strychnia, and other active drugs, into the circulation, is well known to every medical

man. I cannot therefore doubt the correctness of Dr. Brown's position when he says, by the use of the Renovator, the active properties of the drugs used are introduced by the needles, by the punctures, and by absorption into the blood, the whole system medicated, the disorder modified, the constitutional influence of the medicine secured, the gastric disturbance caused by the drug avoided, and its normal state maintained so far as the general pathological condition will permit.

I admit I have used the Renovator only to a limited extent, yet sufficiently, I think, to warrant me in the statements made; and further, reasoning from analogy, and fully appreciating the importance of the mustard, hot fomentations, cupping, the irritating plaster, and other topical applications, as means of revulsion and supercession, I feel assured that I have not exagerated the value of this new method of subduing disease. I am fully convinced that time and the test of experience will convince the *true* Eclectic that it is indispensable—an instrument of paramount importance in the hands of the thoroughly practical physician. Test it before you condemn, and then judge for yourselves.

TRANSLATED FROM THE FRENCH BY PROF J. KING.

Uroscopy at the Bedside. By Prof. Timermans.

It is a very important thing to ascertain the density of urine; it indicates their greater or less elaboration, as well as the proportion of solid elements contained in them. If we refer to the formula of Tropp, we obtain very approximately the quantity of organic or mineral solid matters by multiplying the number representing the specific gravity of the urine, by 2. * Thus, urine the specific gravity of which is 1020, average weight given by Oebl, † contains 40-1000 of solid materials, and supposing that 1500 grammes of urine are passed per day, the entire loss of these elements would be 60 grammes daily. This calculation, without being absolutely exact, is very sufficient for clinical urometry, which only requires, in the main, to determine the quantity of the materials dissolved in the water of the urine, and which may neglect the specific weight of each of these principles in solution (the salts, albumen, sugar, etc.)

To demonstrate the value of urometry, it is sufficient for me to show that its employment alone may lead to a diagnosis.

* Becquerel proposes to multiply the specific gravity by 1.65; Henry by 2.58 Between these extremes the formula of Tropp is a mean.

† See the recent *Manicole di Fisologia* of the learned Professor of Pavia. He estimates at 4 per 100 the substances dissolved in the water of the urine (96 per 100). We thus obtain the proportion of 40 per 100, precisely as in the formula of Tropp.

Thus, the specific gravity, in polyuria, when it is high, will reveal a true diabetus; when, on the contrary, it is low, it represents a false diabetus. These two maladies, so similar, and for a long time confounded with each other, give the extremes of the urometric scale, the variations of which indicate essential differences in the diseases, which chemical analysis *a posteriori* confirms.

The density of febrile urine is a remarkable thing; the increase of organic combustion certainly contributes to them, but we must take into account also the diminution of the urine, which the frequency of the pulse, that is to say, lowering of the arterial pressure, occasions, as well as the increase of perspiration, proper to certain stages of fever. Notwithstanding these data, urometry in fever may lead to quite equivocal results. If we except, indeed, the cases in which, by way of exception, the urine of the febricitants increase considerably in density, as in meningitis, for example, we generally observe that the density of the urine is not in relation with the augmentation of the fever. Becquerel observed that, in febrile diseases, the density of the urine may vary from 1021, 840 to 1014, 700, even to 1010, 500. I have not been able to exactly determine these variations, and yet I have often remarked the lowering in density of the urine of my febricitants; this is owing to causes easy to understand, that is to say, to the variations in the quantity of drinks ingested, which increase or diminish the density, whether the patients obeying the excitations of their thirst refuse drinks of themselves, or upon the advice of their physician.

If the influence of the drinks ingested, upon the density of the urine is considerable, that of the food is not less. Primaveri, experimenting upon himself, found that the density of his urine was, after the meal, 1021; quite a long time after, 1013; and after the first breakfast, 1007.

From these observations it is permitted in the interest of semeiology, to conclude that the physiological mean density of 1017 to 1020 may be, *ipso facto*, considered as pathological with a patient condemned to a rigorously observed diet. With one who can repair his losses, and who does indeed repair them, the 34 or 40 per 100 of solid materials of the urine lost in a day constitutes something normal, which becomes a cause of constitutional decay when the person is in opposite conditions of reparation. The urine of patients enfeebled by the chronicity of their disease, is generally less rich in solid parts, but there is, however, a loss, which, as small as we may suppose it, is no less a cause of wasting, and augments the organic expenditure. Thus, in polyuria, the density of the urine is very light, but the total loss exceeds the normal figure, which explains the emaciation of polyuries, however short may be the duration of the disease, and led Brucke to believe that polyuria

is more dangerous than glycosuria. I have heretofore cited a clinical fact in opposition to this idea of Brucke. I find in my observations two cases recently collected at the Clinical Institute, which supports this opinion.

On March the 2d, 1868, an old man entered the Clinic; said to have been suffering for three months with polydipsia and polyuria, and his emaciation was still further increased by an absolute insomnia, and a catarrh of the bronchii, and intestine. During a short tarry at the hospital (15 days,) the daily maximum of his urine was 1700 grammes, with a density of 1014; no glucose; little thirst. The polyuria and the polydipsia had then disappeared. Notwithstanding that, after several days, a cerebral fever set in, the temperature raised to 41.5 Cent., and death followed. Were the polyuria, the polydipsia, with the insomnia, the precursory symptoms of the cerebral affections? I believe it, and I regret that in this case, the administration at short intervals, of a few centigrammes of opium, had complicated the disease and produced a certain degree of narcotism that I have never observed in equal and even larger doses in many other cases.

Another old man, printer, entered the Clinic, September 3d, 1868. For a year he had suffered with polyuria, polydipsia, anaphrodisia and general debility.

These considerations are not without importance, their practical bearing is considerable; they demonstrate that certain indications furnished by uroscopy have only a relative value, contrary to many others which involve absolute certainty.

Odor of Urine.—Recent urine has a peculiar aromatic odor, more or less penetrating, according to its degree of concentration and density. We may produce it artificially by scorching a drop of urine, or by treating it with sulphuric acid. This kind of reaction may be useful in all cases where the nature of a fluid supposed to be urinary, appears doubtful.

Urine preserved for a long time decomposes and evolves a very different odor. At first it smells musty, and soon after ammoniacal, owing to the transformation of the urea into carbonate of ammonia. This reaction sometimes occurs very rapidly in the urine of old persons, and of patients having vesical catarrh. Persons laboring under ischuria, or urinary fistula; physicians who attend children, old men, imbecile or paralytic, know how insupportable is this odor.

The semeiological value of the ammoniacal odor of urine is not all. In glycosuria, in consequence of the alcoholic fermentation, we can perceive an odor of urine must, with those who, through regimen or medication, absorb sulphur, the urine may evolve sulphureted hydrogen. Voleuair, assefetida, saffron, castor, asparagus, communicate their peculiar odor to urine. Some resins, tar, and especially turpentine, may mask the natural odor of urine, and give to it an agreeable odor, like

that of violets. A recent pollution gives a spermatic odor to the urine; a stercoral abscess, and still more a recto-vesical fistula, the odor of fecal matters. The odor may then find some important diagnostic signs; and a good nose is indispensable in practice. The sulphurous odor of urine exhibited by the cutaneous perspiration of a patient received, with bronchitis, appraised us that during the month of the past July, he had worked at sulphur, burning grape vines. The cancerous odor clearly enlightens us as to this serious malady, wherever it may be seated. Coryza is judged to be ulcerated or not by the odor.—*Dr. Solles' L' Union Medicale de la Gironde*, 1869, *p.* 281.

[N. B. The April number of *L' Union Medicale de la Gironde*, has not reached us—Ed. Ec. Med. Jour.]

Bile in urine.—Dr. A. di Giovanni, of Lombardy, has experimented considerably to know which was the most sensitive reagent, chloroform, or nitric acid containing nitrous acid, and whether chloroform by itself would certainly indicate the presence of bile in the urine. According to him, the process by chloroform is more practical, more simple, and more sensitive than that by the acid, readily revealing the least traces of cholepyrrhine. However, when we examine an icteric urine, it is prudent to act the same as we do in the examination of urine containing albumen or sugar, controlling one process by the other, if we would avoid gross errors.

Every time that chloroform, agitated with urine, is precipitated of a yellow color at the bottom of the test tube, we may be certain that the urine is icteric. It is not necessary to complete the experiment by adding nitric acid to it; the yellow color is more or less intense according to the quantity of biliary pigment present. Every time that chloroform presents this yellow color, nitrous-nitric acid may reveal the presence of biliverdin.

When the chloroform is colored *yellowish-white*, the nitrous-nitric acid *no longer gives a reaction*; with still greater reason when the color is *white slightly tinged of a straw color*, a color, however, which indicates positively the presence of a minute quantity of biliary pigment in the urine examined.

M. di Giovanni, in recommending to physicians performing the first part of the process by chloroform, and in voluntarially omitting the second part, which consists in allowing a part of the chloroform solution to spontaneously evaporate, and to examine, under the microscope, the residue composed of yellowish-red rhomboidal prisms of cholepyrrhine or biliphein, has forgotten that, if chloroform dissolves this cholepyrrhine, it does not dissolve biliverdin. It may then happen that all the cholepyrrhine of an icteric urine, modified by the contact of air, will be changed into biliverdin; chloroform no longer

giving the characteristic reaction, we may be led into a serious error.—*Dr. Dollad.—L'Union Medicale de la Gironde*, 1869.

Corns.—M. Reimoneng has noticed that certain nonprofessional parties were in possesion of excellent means to cure this painful infirmity. He has seen a very large and painful corn cured by the application of cataplasms, consisting of pieces of onion bulbs that had been macerated in vinegar.—*L'Union Medicale de la Gironde*, 1869, p. 281.

PERISCOPE.

Minnesota for Pulmonary Diseases. By J. G. Gilchrist, Owatonna, Minn.

Much has appeared in all kinds of periodicals of the beneficial effects of our climate on consumptives, which is so far from being the case, that I am tempted to give you a brief letter setting forth the *facts*, and let you and your readers judge for yourselves.

Our great elevation above sea-level, the amount of ozone we possess, and the many topographical advantages and peculiarities are admitted; but whatever brilliant anticipations are excited by the theory, in practice they are ever found delusive, and the result any thing but what the throng of health-seekers look for. It does not seem to me that a country in which the mercury in the thermometer ranges from 104° above zero, to 40° below, is just the place for phthisis; or rather, it is just the place for it, but not for its *cure*. Our winters are six months long, and rarely is the mercury higher than "freezing." In the winter of 1867–8, it was most of the time 20 degrees below zero.

So many patients come to us from Eastern physicians, only to die in a short time, that many of us have about come to the conclusion, that when you in the East get unusually unpromising patients that you want to get off your hands, you send them to Minnesota. Some few are benefitted, even restored to health, but they are terribly in the minority. Perhaps they would just as surely have recovered health in the East. I have often remarked that a change of scene, if only of forty miles, from hill to plain, or *vice versa*, benefits a consumptive just as much as a journey of 1,500 miles. I am in attendance on a family now, whose history is a very sad one. The father, an old decrepit man, on the representations of his son, who *has* been benefitted by our climate, sold the old homestead in New York, in which he was born, and for the sake of his two daughters, who were *threatened* with consumption, moved to this city; and, after all his sacrifices, has witnessed the death

of one daughter, and now sees his remaining one in the last stages of that terrible scourge. All this in six months! They were not considered dangerously ill at home, and came here to avert the danger, and coming only hastened its development.

The immediate accompaniment of death seems to be a peculiar diarrhœa. The stools are just one or two hard balls of dark colored fæces, the passage of which is attended with terrible pain in the back and at the anus, followed by a gush of fluid stool with a faint, sickening sensation, then a little blood; this is followed by a period of rest, varying in time from a half an hour to one or two hours. This comes on about a week before death, and in every case I have seen, acts precisely alike.

The water we have here is saturated with magnesia, and *that* may account for the diarrhœa. I have never been able to check this, or produce any effect upon it by any of the remedies I have ever used.

Let me bring this rambling letter to a close by asking our Eastern brethren to think twice before they load our case-books (in the language of insurance men) with "bad risks." Keep them at home! they will almost surely die; let them die among their friends. The journey, and the severe weather they are certain to experience, will almost certainly hasten comparatively slight cases to a fatal termination.—*Medical investigator.*

Hygienic— White-Washing.

Cases of pneumonia will assume the typhus state if placed in hospital wards in which typhus fever patients have been confined, though the ward has had no cases of typhus for some time previous.

In the same wards, after having been white-washed, the typhus type are the exception; whereas, previous to this sanitary measure, it is the rule.

As a strong argument, I copy from the *Homœopathic World*, for December, 1868, published in London, Rev. Dr. Phillip, as the authority whom the editor quotes, the following.

"The Jews live here (Rome) to the number of near 5,000, crowded closely together, although the rest of Rome is but thinly populated.

"It is a remarkable fact, however, that epidemics have seldom done much harm here. The plague and the cholera have been repeatedly in Rome, but the Jews in the Ghetto have not suffered much from either. Famine has been in Rome several times, but the Jews in the Ghetto do not suffer very much from it.

"There are natural causes to which this wonderful preservation may be, at all events partially, attributed.

"The Jews white-wash their poor dwellings for every festival, and many of them do so every Friday for the Sabbath."

Housholders should see to it, that their rooms and outhouses be white-washed frequently.

"The best physician is he who is, at the same time, a friend." —*Dr. Hufeland.*

Physicians, advise your friends [and patients, Dr.?—*Ed.*] to use sanitary measures for the *preservation* of health.—*Hom. Obs.*

Ammoniemia.

M. See, in a lecture at the *Hopital de la Charite*, Paris, describes what he regards as a form of disease not hitherto recognized, under the name *Ammoniemia.* It is caused by the absorption of the urine after its secretion, owing to its retention from some disease in the excretory apparatus—the pelvis of the kidneys, the ureters, the bladder, the urethra; *uremia* being induced by some defect in the secretory organs, in consequence of which the elements of the urine are retained in the blood. While the urine is odorless in the latter, a strong ammoniacal smell surrounds the ammoniemic patient. The symptoms are developed slowly, and consist in part, of rigors followed by fever, dryness of skin, mouth and throat, urinous or ammoniacal odor of the breath. The intellect is undisturbed. The urine sometimes contains albumen, but always mucus and pus. The treatment is surgical, consisting of the removal of the obstruction to the escape of urine from the secretory organ. A more full account will be found in the *Gazette Hebdomadaire* for Jan. 1, 1869.

Hypodermic use of Quinia.

Dr. Starley, of Texas, (*New Orleans Journal of Medicine*) says on this subject: "I have used quinine hypodermically some hundreds of times, and with the exception of two or three cases of abscess, which gave little trouble, and a case of sloughing of a small portion of integument, have seen no ill results follow its use. But on the other hand, its effects, when administered in this way have been so prompt and permanent, that several persons to whom I have given it now refuse to take the remedy by the mouth at all, and when quinine is prescribed they insist on having it injected under the skin." Dr. Starley regards two grains so used as fully equivalent to six grains by the mouth. He employs a solution of 32 grains to an ounce of distilled water, with ten drops of sulphuric acid. Of this preparation, he injects half a drachm (two grains) in a single puncture, making other punctures for additional quantities. The case of sloughing above mentioned was produced by injecting several syringe-fuls through one puncture. We think it likely that the quinia itself—not the sulphate—dissolved in ether, will be found greatly preferable for hypodermic use.

Carbolic Acid in Gonorrhœal Conjucntivitis. By J.G.Rogers, M.D.

I. B——, aged twenty-five; healthy generally; presented himself with gonorrhœal conjnnctivitis in severe form, with chemosis, great swelling of lids, profuse purulent discharge, photophobia, &c.; of several days' standing—gave this prescription: ℞ Acid, Carbolic, (Calvert's), gr. i; Atropia Sulphatis, gr. ss; Zinci Sulphatis, gr. ii; Aquæ Destil, ℥i: M. Signa. Drop in eye every two hours, and apply constantly with moist compresses externally.

The patient was directed to return the next day, but not appearing, on the third I went in search of him. Found him in a dirty, dark room, in a poverty-stricken neighborhood, with every circumstance around him of a sort to prevent success in treatment. Among the most potent for ill was a female circumstance, with the same disease, affecting other organs as well as the eyes—she was his nurse. It was with much misgivings that I removed the compresses, and was agreeably surprised to see a marked improvement. His eyes presented the appearance of a mild form of simple conjunctivitis; there was no purulent discharge, no photophobia, no swelling; the conjunctiva simply appeared slightly conjested. I remarked also, that there was scarcely any dilatation of the pupils, and but little effect on the accommodation. This fact well illustrates the law that conjestion greatly diminishes the absorbing powers of mucous membranes. The treatment was continued and a week sufficed for a complete cure.

This treatment was adopted on theoretical considerations. Its results as compared with that by powerful astringents, considering, also, that it is almost painless, are certainly sufficiently satisfactory to recommend it. This case was treated in 1867. Since that time I have proved its uniform efficacy in numerous cases, and have adopted it as preferable to all others in this affection. Within the last year, the excellent effect of carbolic acid, even in the simple non-specific forms of conjunctivitis, has been publicly noted in certain foreign journals.

Dr. E. L. Holmes of Chicago, in the *American Journal of Medical Sciences* for October, 1868, also gives his *dictum* in favor of this agent in all forms of conjunctivitis, both specific and simple, and especially refers to its influence in checking the purulent discharge.—*Western Journal of Medicine.*

Treatment of Thoracic Aneurism.

In the *London Lancet* for March, a case is narrated in which great benefit was derived from the use of the tincture of veratrum viride in aneurism of the ascending aorta. The tumor had decreased in size, and the skin over it, which had been tense, shining and red, assumed a natural appearance. Diuret-

ics also were administered at the same time. Being a powerful arterial sedative, the therapeutic action of the medicine is easily explained. Whilst a permanent cure is scarcely to be expected in such cases, yet the temporary relief and the respite from a terrible death give importance to the treatment. In two cases lately under our charge in St. Mary's Hospital (San Francisco) we resorted to the same remedy, but without success or sensible benefit. The disease was far advanced in both instances, and in this respect did not present a fair test. We should expect little benefit from it except in the earlier stages, as soon as the diagnosis can be made out.—*Pacific Medical and Surgical Journal.*

A Caution to Prescribers. Cy PROF. C. A. JOY. .

There is great danger in prescribing oxiding agents in the same compound with the iodide or bromide of potassium.

Chlorate of potash and iodide of potassium dissolved together in water, crystallize out separately, but these two salts taken into the stomach re-act upon each other, and the resulting iodate of potash acts as a violent poison.

I presume that chlorate of potash and bromide of potassium would behave in a similar way, and I should be afraid to mix caustic potash or any alkali with the bromide of potassium. —*Chicago Medical Journal.*

For Keeping Chloroform.

We are pretty well assured by the experiments of Charles Rumph of Hanover, Prof. Maisch of Philadelphia, and others, that sunlight will decompose pure chloroform, causing the evolution of chlorine and the subsequent formation of hydrochloric acid. It has been found that a very small proportion of absolute alcohol will prevent this action of sunlight. The experiments of Mr. Bilty of Erfurt, (*Druggist's Circular*) show that the addition of the fourth of one per cent. of its weight of alcohol, will preserve chloroform for weeks and even months, and that if half of one per cent. be added, the chloroform, though constantly exposed, will remain unchanged for over four months. Prof. Maisch states that commercial chloroform has had this addition for years and no bad results have been observed in consequence thereof.—*Pacific Medical and Surgical Journal.*

Transfusion.

Prof. Landois, of the University of Greifswald, who has interested himself much in the subject of transfusion, after giving a critical account of the most recent publications on the subject, thus sums up, in a recent number of the *Wien. Med. Woch.*, the results that have hitherto been obtained: 1. Transfusion has

been performed 99 times in cases of hemorrhage, in 11 of which cases no successful result was even possible. Of the remaining 88 cases, 65 were attended with success, 20 were unsuccessful, and in 3 the result was doubtful. 2. It has been performed 12 times in cases of acute poisoning, one of these being hopeless. In 3 the results were favorable, and in 8 unfavorable. 3. For various forms of disease attended with exhaustion, it has been resorted to 43 times, the most unfavorable prognosis having been frequently delivered. In these the results were favorable in 12, unfavorable in 21, and doubtful in 9, while in one case it was a mere desperate experiment. Prof. Landois observes that these statistics speak very satisfactorily for transfusion, and that the results would be far more favorable if this almost harmless operation were not usually driven off to the last minute.—*Med. Times and Gaz.*

Syphilis.

Of this terrible malady the *Lancet* pertinently observes: "When we consider syphilis as a whole, what a marvelous disease it is. It depends upon a virus which readily generates its like; it is specific in its outward manifestations, and definite in its course. Contrasted with the effects of other animal poisons, how tardily the manifestations are evolved. There is the incubationary stage before the appearance of the local lesion; another interval, and the various secondary phenomena, separated from one another by broken periods of rest; and lastly, in some cases, we have a third series, more or less remote, and sometimes separated from the former by many years of average health. During the time that these morbid processes are being manifested in the individual, he is endowed with the power of transmitting a syphilitic taint to his offspring, which shall leave its mark on their tissues years afterward, modifying the products of their nutritive and developmental functions in a way which transcends our power to explain. On what do these cyclical characters depend, and how can we explain a morbid process marked by periods of activity at one time, and latency and dormancy at another? Virchow has attempted to fathom the cause by supposing that each separate diseased tissue is the source whence the infecting elements are derived, by their gradual absorption and accumulation in the blood."

Worms.

Dr. T. Chalmers Dow of Nashville, reports in the *Richmond and Louisville Medical Journal*, the case of a child ten months old who discharged over 1500 worms in one week, under the operation of oil of turpentine, spigelia and santonine. The worms were principally lumbricoides. Some of them were thrown up from the stomach.

Movements of the Intestines.

M. Legros and Onimus having concluded a very extensive series of experimental investigations into the subject of the movements of the intestine, submit the following conclusions:

Inspiration and expiration induce in the intestine changes of tension which vary with the mode of respiration.

The movements proper to the intestine are of three sorts: 1st. The peristaltic movement, which is normal. 2d. The antiperistaltic movement. 3d. Contraction.

Every peristaltic movement is characterized by an abrupt contraction, followed by a distension of longer duration.

Isolated peristaltic movements may occur in a restricted portion of the intestinal tract. After a series of contractions there is generally a period of prolonged repose.

Contractions are most frequent in the upper portion of the intestinal canal. We have never observed more than eighteen of them per minute.

The contractions of the large intestine differ from those of the small by their amplitude, their duration and their form.

The diagram of the act of defecation is entirely special, and suggests that obtained after poisoning with strychnia. The movements of the stomach have not the regularity of those of the intestine. They are of two sorts according as they are observed at the pyloris or at the great cul-de-sac.

The antiperistaltic movement does not combine with the peristaltic.

The peristaltic movement is due to the action of the nervous cells of the intestinal walls upon the smooth fibres.

These cells may themselves undergo the influence of the cœliac plexus and of the cerebro-spinal centres.

Arrest of the arterial circulation augments or determines peristaltic contractions. Arrest of the venous circulation induces no analogous effects.

This pathological condition cannot serve to explain normal movements.

Induction currents applied directly to the intestines cause contraction at the level of the poles; between the poles there is relaxation of the walls.

Continuous currents prevent peristaltic movements, and induce a diminution of tension if the current follows the normal direction of the movements, or an augmentation, if the currents pass in the opposite direction. Electrization of the spinal cord by continuous currents augments, perceptibly, the peristaltic contractions at the moment of their application.

Induction currents upon the splanchnic nerves augment, progressively, the tension, without determining peristaltic movements.

Continuous currents upon the splanchnic nerves occasion peristaltic contractions. Electricity directed upon the nervous

plexi and upon the mesenteric nerves produces analogous effects.

Interrupted currents upon the pneumogastric cause dilation and immobility of the intestine. This phenomenon occurs through reflex action. They induce, on the contrary, directly, contraction of the stomach.

Continuous currents, directed upon the pneumogastric, act but little upon the intestine. They arrest normal or pathological contractions of the stomach.

Direct excitation of the intestine, by pinching or otherwise, induces, at the first instant, distension followed by energetic contraction.

Ice-water arrests peristaltic movements, inducing contraction; hot water intensifies them.

Water holding in solution chloride of sodium, increases the energy of the movements.

Croton-oil determines contraction, in addition to those for the expulsion of matters; ipecacuanha acts in an analogous manner.

Saline purgatives do not increase the energy of the contractions. Atropine in weak doses increases the peristaltic movements, but in strong doses abolishes them.

Morphine retards the contractions without abolishing them.

Strychnia in poisonous doses, determines spasmodic contractions, when there are general convulsions.—*Chicago Med. Jour.*

Death from Swallowing Artificial Teeth

"On January 17th, Mr. Harrison Treibley, residing in Pottsville, Pennsylvania, awoke about one o'clock with a choking sensation, and it was discovered that a silver dental plate, about two inches in diameter, with two teeth attached, had passed into his throat. He was unable to speak, and every effort caused the plate to descend still further. During the day and night his suffering was intense, but the next day it had passed into his stomach. His sufferings were thereby much lessened, although still severe. Toward the latter part of the week his sufferings increased, with spitting and vomiting of blood. This continued until Sunday morning, January 24th, when death ensued.

"A *post-mortem* examination was made on Monday by Dr. John T. Carpenter, assisted by Drs. James S. Carpenter, and Charles T. Palmer. Considerable quantities of suffused blood were found in the stomach, but, singular as it may seem, no trace of the plate or teeth could be found, either in the stomach or intestines. The only conclusion which could be drawn from this was, that it must have passed through and been voided with the excrements from his body; yet the statements of the family are that these were carefully examined, without finding any parts of the same."—*Med. and Surg. Reporter.*

A New Styptic Collodion.

Efforts have been made to perfect collodion as a hæmostatic by the addition of substances which cause an instant coagulation of the blood, such as the perchloride of iron, but such mixtures have not been easy to make, and hence have not proved satisfactory. Carlo Parvesi communicates the following formula for a new collodion, to the *Giornale di Farmacia di Torino:* Colodion, 100 parts; Carbolic Acid, 10 parts; Pure Tannin, 5 parts; Benzoic Acid, 5 parts: agitate until the mixture is complete.

This preparation, which has a brown color, leaves, on evaporation, a pellicle exactly similar to that of ordinary collodion. It adheres strongly to the tissues, and effects the instantaneous coagulation of blood and albumen. Tannin effects a consistent coagulation of the blood, while benzoic acid has a cicatrizing action on the tissues.—*Chemist and Druggist.*

Artificial Ebony.

This substance, now used to a considerable extent in Europe, is said to be prepared by takeng sixty parts of seaweed charcoal, obtained by treating the seaweed for two hours in dilute sulphuric acid, then drying and grinding it, and adding to it ten parts of liquid glue, five parts of gutta-percha, and two and a half parts of india rubber, the last two dissolved in naphtha; then adding ten parts of coal tar, five parts pulverized sulphur, two parts pulverized alum, and five parts of powdered rosin, and heating the mixture to about 300 degrees Fahrenheit. We thus obtain, after the mass has become cold, a material which, in color, hardness and capability of taking a polish, is equal in every respect to ebony, and much cheaper.—*Sci. Amer.*

Syphilis.

The Berlin correspondent of the *Western Journal of Medicine* gives the following resume of a lecture by Virchow, on the constitutional changes in syphilis: "Hitherto, we are informed, the outward manifestations of the disease have been the only ones receiving attention. We now know that there exists a whole series of symptoms affecting the internal organs, characteristic of the disease. The brain suffers a softening; the root of the tongue loses its glandular characteristics, smooths off to a polished surface from atrophy of its glands; a chronic pharyngitis, the result of the increase of parenchymal connective tissues; the tonsil is likewise attacked and becomes almost obliterated; the heart assumes an hypertrophy; the pleuræ presents cicatrices on their surfaces, from the contraction and reaction of chronic pleuritis; the liver reduces in size and presents the same cicatrices, in the cases before us, extending

completely through the right lobe at its outer third, forming a new lobe; the kidney suffers atrophy, becomes exceedingly pale and granulated on its external surface—the surface of section remains smooth; the atrophy is likewise induced by an increase of the connective tissues, an indurative interstitial nephritis."

Employment of Glycerine of Tannin.

Dr. Sidney Ringer (*The Practitioner*) states this preparation of tannin is very useful in many diseases. It is not laid down in the U. S. Dispensatory, but Adolphe Wahltuch, M. D., alludes to the following formula for its preparation in the *Dictionary of Mat. Med. and Ther.*:—℞ Gallic Acid, ʒi; Glycerine, fʒiv. Rub and heat. In ozæna, this combination is highly prized by Dr. Ringer. He also recommends it in the thin sanious or thicker purulent discharge from the nostrils which sometimes occurs after measles and scarlatina; in the obstruction of the nose frequent in syphilitic children. The purulent discharge from the ears, so often met with in unhealthy children, can be stopped at once by filling up the external meatus with this preparation. If there be acute inflammation of the meatus this should be relieved before using the tannin.—*Medical Record.*

Bismuth in Indigestion.

W. F. McNutt, M. D., of San Francisco, Cal. (*Cal. Medical Gazette*), believes that bismuth is more than a local anæsthetic to the stomach; as generally regarded by practitioners. His experience of the administration of bismuth has led him to think that its efficacy is due almost entirely to its chemical action upon sulphureted hydrogen generated in the bowels, but is an antiseptic to albuminous matters, preventing their putrid decomposition. He administers to patients, suffering from nervous derangement caused by indigested food in the stomach, this drug in doses from five to ten grains, and quiet sleep follows. Bismuth combined with Dover's powder has a happy effect, when the former does not act as anticipated.—*Medical Record.*

Position in Impending Death from Chloroform.

Dr. Holmes, in the *Chicago Medical Examiner* states that in several cases in which symptoms of fatal syncope made their appearance, he found that placing the patient with the head downwards on an inclined plane of about 40° restored the pulse at the wrist, and the color to the face. He holds that by far the larger proportion of cases of death by chloroform arises from syncope, and this may be overcome by "causing a column of blood to press on the vessels of the brain," and he gives the

above position in preference, above galvanism, artificial respiration, or other means generally adopted to restore the patient. The whole body must be inclined, not the head and shoulders alone.

Sensitive Dentine. By R. C. Mowbray.

To reduce acute inflammation in a dental pulp, I have prepared the following combination, and have used it with excellent success. To a drachm of glycerine (liquid measure) add what tannin it will dissolve; to this add one ounce best tinc. arnica. The way I apply it in large cavities is to cut off a piece of very fine sponge, soak it full, slightly compress it, and place in direct contact with the pulp, and then cover with any thing that is at hand, and best adapted for protection. A diseased pulp that can be saved at all, will be quickly restored to health by the use of this preparation. I would like to learn *how* creasote affects the dental pulp? I claim it to be a useless remedy, so far as soothing the pain by reducing the inflammation is concerned. Creasote is good in its place, but its wholesale use belongs to the profession of other days; the intelligent and enlightened members of our profession will certainly deprecate its use ere long, and adopt remedies that are far superior, being more effective in attaining the desired result, and much more pleasant to our patients.

No remedy is used that is (and will always remain) infallible; they all, occasionally, deceive our confidence, and our disappointment occasioned by their failure frequently threatens to precipitate our admiration into disgust.—*Dental Cosmos.*

To clean Silver Plate.

Fill a large saucepan with water; put into it one ounce of carbonate of potash and a quarter of a pound of whiting. Now put in all the spoons, forks, and small plate, and boil them for twenty minutes; after which take the saucepan off the fire, and allow the liquor to become cold; then take each piece out, and polish with soft leather. A soft brush must be used to clean the embossed and engraved parts.—*Scientific American.*

Transfusion, and a new Mode of Management.

Dr. Braxton Hicks first remarked upon the small extent to which the operation had spread. The various causes he considered to be: 1. The want of success generally, which was accounted for by the impossibility of having the apparatus always at hand; the tendency to postpone the operation till too late; and the difficulty of knowing the exact time at which to operate. 2. The inherent impediments to it, from the position of the patient; and the tendency of the blood used to

coagulate. This the author considered the most troublesome and dangerous, as a clot might readily be driven into the system. This Dr. Hicks had now overcome by the employment of a solution of phosphate of soda, mixed with the blood of the supplier while flowing. He had first tried it on the lower animals, and then in three cases in human females during delivery. It had simplified the operation to a great extent. The solution is well known to be tolerated by the system.—*Ext. from Proc. of the Brit. Med. Association.*

Acute Necrosis—Antiseptic Treatment.

A case of necrosis, showing the marvellous advantages to surgery from the antiseptic principle of treatment, is related by Prof. Lister. A lad received a severe injury to the leg, followed by abscess, and resulting in death of a portion of the tibia, as evidenced by the point of the bistoury coming against the bare bone. Various abscesses were successively opened for eleven weeks, and yet rapid recovery ensued without any exfoliation of bone, or any thickening from the formation of fresh bone. In opening the abscesses a piece of lint steeped in carbolic oil was placed over it, and the edge then raised to admit of the incision by a bistoury dipped in carbolic oil. The lint was then allowed to fall, and the matter caused to flow out beneath it. An external antiseptic dressing was then applied and changed daily. That the bone was really dead was also proved by the fact that when a probe was passed into the wound, several weeks after the first abscess was opened, it came into contact with it.

Hair-Restorers and Lead Poisoning.

The preparations sold for renovating the hair or "restoring" its color, nearly all contain lead, and are liable to produce the paralytic affections which result from the use of that metal. We do not speak of "hair tonics," which are designed only for promoting the growth of the hair and removing the dandruff. These are all composed essentially of alcohol, castor oil, and cantharides. They are not apt to injure the hair or the head, but on the contrary, may be of use to both, particularly if there be deficiency of the natural oily secretion.

Glycerine of Tannin. By Dr. S. Ringer.

Glycerine of tannin is a very valuable aplication in a variety of trivial but troublesome complaints. These are, excoriation of the inside of the nose with discharge of a thin sanious fluid; cases of sanious or purulent discharge from the ears, so commonly met with in weak and unhealthy children; chronic vaginitis of children; eczema, in which disease the itching; tingling, and burning so commonly present, are at once re-

moved; the eczema which occurs behind the ears of chidren is admirably treated with the remedy. Glycerine of tannin is an extremely useful application to the throat for a variety of purposes, not during the existence of acute inflammation, but during its subsidence.—*Practitioner.*

Dislocation of the Shoulder-Joint.—Manipulation. By Mr. J. P. Bookless.

The author describes a new method of reducing dislocation of the shoulder downward. Stand with your right shoulder touching the patient's right shoulder (supposing the dislocation to be on the right side) but facing in the opposite direction to him. Now seize his right hand with your left, at the same time separating his arm from the side. Then pass your right arm under his axilla, hugging the humerus. While passing your right leg behind his right leg, bring his hand underneath your right arm, with your left. Now raise the humerus forcibly upward with your right, and bend his elbow under the same arm, pressing downward; at the same moment direct him to fall away from you with his whole weight, and in a moment the head of the humerus will go into its proper place.

Action of Sulphurous Acid in reducing Temperature.

Dr. Robert Bird publishes a note stating that he has recently used sulphurous acid in cases where the temperature of the body was abnormally high, with a happy result. A fall in the measured heat of the tissues has almost always followed its administration continued over twenty-four hours. In several cases of remittent fever where ammonia and sulphuric ether had failed to cool the body, sulphurous acid succeeded. He usually gives it in drachm doses every two, three, or four hours, according to the intensity of the heat; the greater the heat the more frequent the repetition of the dose. In remittent fever it is specially beneficial, and in many instances in that condition of the body named by the natives internal fever. He does not regard it as a panacea for every form of diseased action, but it is a valuable addition to the list of those remedies which control animal heat. He was at first led to use it therapeutically, from finding that it had been given a high place in a list of substances powerful to absorb radiant heat. In this list sulphuric ether and ammonia take high places; but sulphurous acid takes a higher place still. It can scarcely be otherwise than that the substance, which has the power to absorb radiant heat in a shut chamber, should also have the power to absorb it when present amongst the bodily tissues. At any rate, it is not a little remarkable that ammonia, sulphuric ether, and sulphurous acid, which are large

absorbers of radiant heat, are also powerful febrifuges, and that quinia, our most powerful antiperiodic, is at the same time one of the few known substances which can render the chemical rays in the spectrum luminous.—*Indiana Med. Gaz.*

Mode of Distinguishing Real from Apparent Death.

Dr. Douad translates for *L' Union Medicale* from the *Gazette Medica de Forina*, a memoir upon this subject by M. G. Borelli, in which is proposed a plan for distinguishing real from apparent death, based upon the well known antagonistic action of the calabar bean and atropia. M. Borelli experimented upon more than sixty cadavers, placing extract of the bean beneath the lids of one eye, and atropia beneath the lids of the other. He concludes that when this is done *sixteen* hours after supposed death, or *twenty-four* hours after, in exceptional cases, and not the least change in the diameters of the two pupils is observed after three hours, the death is real; but if any difference in the diameters occurs, life probably exists and means should be adopted to resuscitate the body.

Action and Therapeutical Uses of Bromine and its Preparations.

Dr. H. Pletzer has employed the bromide of potassium in twenty-five cases of epilepsy or epileptiform affections, and has drawn certain conclusions to the following effect as to its operation. The energy of the heart's impulse diminishes, and the frequency of the beats is lowered, the number of pulsations being generally reduced to 50. Depression of spirits, exhibited by sleepiness, giddiness, want of memory, and weakness of mind, was unmistakable; but it disappeared on the discontinuance of the drug, or diminution of the doses. Whether these effects are exclusively due to the bromide, or are common to other salts of potassium, must be determined by future researches. In the motor system large doses caused more or less incapability of spontaneous movements, or a disinclination for it. The motor nerves of the spinal cord appear to experience a paralyzing influence from the bromide. Dr. Pletzer found the temperature in two cases sink one or two degrees. He never observed any appearance of gastro-enteritis, but often slight gastric catarrh and tendency to diarrhœa. In other cases, in spite of one to two-drachm doses, there was obstinate constipation. Sneezing and slight catarrh of the upper air-passages occurred in some cases, and slight dyspnœa in others, after doses of one or two scruples. The beneficial operation of the bromide in abnormal excitability of the generative organs is unquestionable. In opposition to other observers, Dr. Pletzer has but seldom found the urine to be increased; and even where it was increased, he has not always found albumen present. The recommendation of the

bromide in diphtheria is unsupported by any valid proof; but as a remedy for convulsive affections and increased reflex irritability it surpasses all other drugs.

Dr. Ozanam, in a treatise "On the employment of Solvent and Disaggregating Remedies in Pseudo-membranous Exudations," recommends bromine in such cases; and he ascribes to this drug, in opposition to the opinion of Pletzer, very successful results. He has made a number of experiments to show the action of different solutions on false membranes, when removed from the body; and, according to his results, it appears that, with the exception of the ammoniacal oxide of copper, which holds the first rank, the alkaline preparations are preferable to the acid ones in pseudo-membranous exudations, and that bromide of potassium stands nearly at the head of the list, being inferior only to phosphate of soda and chlorate of potassa, which last has so long been considered the most efficacious. If remedies are sought for their "disaggregating" properties, the series will be as follows: Chloride of bromine, bromine, and chlorine; then iodine, chloride of iron, corrosive sublimate, and chromium. Dr. Ozanam prefers bromine to all other remedies, because like bromide of potassium, it has at the same time an influence over the mucous membrane of the throat, uvula, and the larynx; and, like chlorine, has the power of destroying contagion. For internal use, a watery solution should be employed, in the proportion of one drop to twenty-five or thirty grammes, and of this solution one or two grammes should be given every hour. Fumigations of bromine may also be used in croup; and Dr. Ozanam thinks that very successful results have followed this treatment, and that the extension of epidemics of croup have been prevented by its adoption—*Schmidt's Jahrbucher.*

The Cure of Acute Orchitis in Twenty-four Hours.

Mr. Furneax Jordan, Professor of Surgery at the Queen's College, etc., treats acute orchitis by the immediate application to the scrotum of a solution of nitrate of silver (two drachms to an ounce), in very acute cases, adding a little vesication over the femoral artery of the same side by means of linimentum iodi. In a case of severe double orchitis, with intense pain, intolerable tenderness and great swelling, this treatment effected a cure in twenty-four hours. Mr. Jordan writes (*British Medical Journal*) "The treatment of orchitis is of more than ordinary importance, from the discovery by Dr. Marion Sims that closure of the vas deferens from acute orchitis is a common cause of sterility—often where the blame is laid to the wife. The return of some urethral discharge is best removed, often in a few days, by maintaining, with iodine, a disc of milder counter-irritation, the center of the disc being

the genital organs. On this principle I treat all inflammations of the genito-urinary organs, male and female; adding, in the acute form, a little vesication on the sheltered position of the femoral arteries. The above treatment of orchitis is simply an illustration of a new system of treating all inflammatory diseases, and which I constantly adopt in all, with a success proportionally as great as in acute orchitis."

Physiological Action of Morphia.

In reviewing the facts ascertained in a somewhat fragmentary investigation into the physiological action of morphia, Dr. Gscheidlen (*Untersuchungen aus dem physiologischen Laborotorium in Wurzburg*, Drittes Heft, 1868) states his results in the following manner: 1. Morphia in small doses, elevates the excitability of the motor nerves of muscles; and in larger doses it diminishes this excitability. 2. Acetate of morphia at first increases the excitability of the sensory nerves (1 and 2 refer specially to frogs). 3. Acetate of Morphia acts by first stimulating, and then abolishing the functions of all the nerves that influence the circulation. 4. It at once lowers the activity of the respiratory centres in the *medula oblongata*. 5. In small doses, it at first elevates the temperature of the body; in toxic doses it at once lowers it. 6. It does not affect the striped muscles. Gscheidlen concludes his paper by pointing out that this investigation does not include all the actions of morphia, and by promising to overtake the many points that have been omitted on some future occasion.—*Jour. Anatomy and Physiology.*

Waste in Fever.

In the *Deutsches Archiv. fur Klinische Medicin* for March, 1869, is contained a long and very elaborate paper by Prof. E. Leyden, under the title of "Researches on Fever." From it we extract the following general conclusions to which the professor has been led by his investigations. 1. The insensible waste of the organism which occurs during an attack of fever. from its height to its remission, compared with what occurs in health, is as 10 to 7. 2. This increase of waste of itself renders it probable that in cases of fever there takes place and increased evolution of carbonic acid gas. 3. The latter is shown to be the case by the fact that the production of heat is, in fever, about double what takes place during the normal condition of the system, while the watery exhalations are not at all, or only slightly increased. 4. The counteraction to the morbidly augmented temperature during fever, by an increase of the watery exhalations, sets in first at the period of crisis, so that at this time the waste of the body very nearly doubles what takes place during the normal condition.

5. The loss of weight of the body is to a very different extent in the different febrile affections; in very few cases is it entirely absent. 6. It is to the greatest extent and most rapid at the critical stadium, but it is observable at close of the fever, and long after convalescence has set in. 7. It will, most probably, be found to occur to the least extent in cases of intense fever, in consequence of the retention in such of the watery components of the body, together with its excretions, its effete material, excess of carbonaceous matters, etc. 8. The average daily loss of weight during febrile diseases amounts to about one-half of what it does in cases of entire abstinence from food. 9. Consequently the danger of the occurrence of inanition in fever is only after the attack has continued some eight days. 10. The probability of death from inanition during and after an attack of fever, may, nevertheless, occur at an earlier period, provided the body has already lost some forty per cent. of its normal weight.

Hypodermic Injection of Ergotin in Aneurism.

Prof. Langenbeck writes an important paper on this subject. From the well known influence of ergot in provoking contractions of the organic muscular fibres of the uterus, he was led to think that a similar stimulation might be produced by it, with beneficial effect, in the muscular coats of arteries in cases of aneurism.

The first case in which he employed it was one of subclavian aneurism in a man aged 45. The tumor was treated in the first place on Jacobson's plan, with the repeated application of moxas, and a great diminution of all the symptoms took place, and lasted for three years, but the pulsation continued. In consequence (as the patient thought) of an excessive summer heat, a relapse took place, the tumor enlarged greatly, and all the old symptoms returned. Three centigrammes of aqueous extract of secale were injected over the tumor, with great relief to the pain and consequent insomnia. Between January 6 and February 17, about 30 grains of ergotin were injected, with the effect of so greatly relieving the symptoms of pressure in veins, that the pain and paralysis of the arm and hand were diminished to a remarkable extent. The pulsations of the aneurism were also sensibly weakened, and the tumor somewhat shrunken.

In a second case—one of aneurism of the radial, about an inch and a quarter above the wrist, and which had existed for many years—about one-fourth of a grain of aqueous extract of secale (dissolved in seven times its bulk of half and half glycerine and sp. rectif.) was injected into the skin above the tumor, and on the following day the tumor appeared to have vanished. The cure became apparent, and the only trouble was a local erythematous inflammation which lasted some days.

Langenbeck discovers that it was natural that more powerful effects should be produced by the remedy in radial than in subclavian aneurism, since the radial artery is more copiously furnished with muscular fibres than the subclavian.—*Berlin Klin. Wochensch.*

Carbolate of Soda as a remedy for Itch.

Dr. Zimmermann, of Braunfels, remarks that no one who sees much of itch will deny that we are without any remedy which acts with the certainty of a specific. In private practice, where we cannot readily obtain the proper baths, frictional manipulations, etc., cases are apt to be very inveterate. The popularity of petroleum and Peru balsam is due chiefly to their being neither very disagreeable nor very troublesome in the use; but petroleum has not justified its reputation, while Peru balsam, which really is very valuable, especially in recent and in children's cases, is unfortunately very costly. Zimmermann is inclined to hope that in carbolate of soda he has found a remedy that will cure scabies, *tuto, cito et jucunde*, though his experience is not yet sufficient for absolute proof. He employs a solution of 160 to 320 grains of the salt in about 7 ounces of water; this is to be well rubbed into the affected parts thrice daily. In two or three days every case of Zimmerman's, even the inveterate ones, has been completely cured, and this without any annoyance or interruption of the patient's ordinary business. There is no irritative erythema of any consequence from the frictions. Carbolate of soda may be used as a disinfectant and deodorizer; for this purpose 16 to 32 grains to 7 ounces of water is sufficient.—*The Practitioner.*

Cement for Leather.—Of many substances lately brought very conspicuously to notice for fastening pieces of leather together, and in mending harness, joining machinery-belting, and making shoes, the best is made by mixing ten parts of sulphide of carbon with one part of oil of turpentine, and then adding enough gutta-percha to make a tough thickly flowing liquid. One essential prerequisite to a thorough union of the parts consists in freedom of the surface to be joined from grease. This may be accomplished by laying a cloth upon them and applying a hot iron for a time. The cement is then applied to both pieces, the surfaces brought in contact, and pressure applied until the joint is dry.—*Amer. Artisan.*

Oil and Water in Skin Diseases.—The really active agents in the treatment of most skin diseases are oil and water. While watery applications have no effect on the dry eruptions, so greasy substances have none upon those which have fluid discharges.—*Dr. J. H. Bennett.*

EDITORIAL.

The Line of Advance.—Does the world move? Is there an advance in science and art? As a man is able to answer these questions in the affirmative, he places himself in harmony with the age, and in a condition to make progress himself. The tendency with many men who have made some improvement over their fellows is, to so wrap themselves up in an overweening self importance, that after a little while they become the most bigoted and intolerant of men. This is well illustrated in the origin and progress of religious sects, and, I am sorry to say, of medical reformers as well.

Many of our Thomsonian friends offer a fair illustration. They can not see anything good outside of Lobelia and Pepper, and a meager list of vegetable remedies, excluding every thing that might cause death if given in poisonous doses. Medicine with them is the round of emesis, catharsis, diaphoresis, and repeat, adding an unknown quantity of alterative tea; many of our Homœopaths have reached the same state, and have so hardened and withdrawn into their shell, that they are impervious to new truth and improvement.

With our *old-school* friends the condition is chronic, and as it had lasted through many hundred years, it was thought by many to be incurable. But within a decade we have seen a wonderful awakening, and a rapid advance towards a true system of medication.

Have we any Eclectics in this condition? I am sorry to say that we have, but they are largely in the minority. The mass of our profession are wide-awake, liberal men, ready to give every thing a fair consideration and trial, that presents itself in a favorable light. This is the only spirit in which a man can be a *true* Eclectic. He that would choose correctly, especially one that makes it his constant boast that he does "choose the best from all sources," should be free from prejudice, and always willing to give new ideas, and methods a fair and candid consideration.

No man is Eclectic because he chooses to believe as Thompson, Beach, Morrow, or Jones did, though they in their time were good Eclectics. The administration of lobelia, podophyllin, and catnip does not make an Eclectic, as the rejection of blood-letting, mercury, antimony, and arsenic, will not make one.

Eclecticism, *per se*, is a catholic spirit, that proffers to give everything a fair investigation, and to accept truth wherever found. Eclecticism, designating an organization in medicine at the present time, contends that such investigation and acceptance shall be guided by fixed principles, the truth of which has been conclusively proven.

But we purpose here, not to discuss these principles, but rather to point out what we deem the *line of advance.* For if we can see clearly the direction in which improvement is to be made, we will be in a better position to give it our aid.

No man can make a rational practice, or have the highest meed of success, who does not thoroughly master modern physiology, and physiological chemistry. It needs not only that he understand the various functions of the body, but the relation between them.

No man can make a rational practice, or have the highest meed of success, who does not experimently know the natural progress of disease uninfluenced by medicine, and appreciate the fact, that the tendency, of acute diseases at least, is to recovery, with but a very small percentage of mortality.

These are the lines of advance. Physicians must first be convinced that the older methods of practice are contrary to true physiology; and second, that these methods are not only *not curative,* but actually increase the ratio of mortality. I know by experience, that it is difficult to believe, that the active means we employed—our nauseants, cathartics, diaphoretics, blisters—did not save life in pneumonia, when they gave but five to fifteen per cent. of mortality, to our opponents twenty to fifty per cent., with their antimony, blood-letting, mercury, cathartics and blisters. And yet when we give a simple placebo, with diet, rest, and good nursing, and find the mortality dropping down below five per cent., even down to one, per cent., we are obliged to admit it, and more.

So soon as a physician can convince himself that his practice, though good as compared with another that was intrinsically bad, is of no real utility to save life; that its unpleasantness exceeds the natural suffering from disease; and that the proportion of cases in which the disease is cut short, is balanced by an increase in the death rate, when the treatment does not have this effect; he will be in a position to take the line of advance I have named.

Those commencing or pursuing the study of medicine need not make the old detour, and be obliged to unlearn after a time, what they have been at much trouble to attain. The proper course is, to study thoroughly the structures and functions of the body, and afterwards master the later works on pathology. I would rather teach a student practical medicine with my Principles of Medicine alone, than with all the works on practice that ever were printed.

As soon as we have made this advance, the field is clear. We desire to know the direct influence of remedies, and how they may be employed for the relief of pain, or the unpleasantness of sickness, to shorten the duration of disease, and to remove such complications or conditions of disease as increase the mortality.

We have already quite a large list of such remedies, many of them indigenous. But we have also a mass of material that while very crude, will well repay careful study. All that is required to give success in this direction is, the well defined eclectic principle—"All disease is evidence of impaired viability; and conversely, that all remedies should be directed to removing the depressing cause, or increasing the power of the system to resist it, and to effect restoration of structure and function."

Homœopathy or Allopathy, which?—We have certain kind friends who would have us go to the devil in some way, and they want to know by which of these boats we have taken passage. If perchance we draw upon the homœopaths for a remedy, and favor reasonable doses of *pleasant* medicine as opposed to huge doses and unpleasant medicine they say Homœopathy. But if we fail to continually sound the war-cry against mercury, antimony, arsenic, blood-letting, etc., and stand perpetually with a chip on our shoulder, saying, knock it off if you dare, they say Allopathy, and spice it with some old saw, as the "dog returned to his vomit," etc.

To explain my practice, and that of the Faculty of our college, I may say that we are still steering between Scylla and Charybdis as heretofore, and do not propose being wrecked on either. We do no believe in the Homœopathic maxim *similia similibus*, or infinitesimal doses. But rather upon the reverse, *opponens apponenda*, and medicinal or specific doses.

We object to Allopathic practice, whether it is pursued by those who call themselves regulars or eclectics. We propose to dispense with harsh, unpleasant, and antiphlogistic remedies; substituting those that act kindly, are pleasant, and increase vital power. To carefully investigate the new facts and methods as they are presented, and to adopt those which seem true and best adapted to our use as above named.

We have pursued this course for several years, and have secured the support and commendation of our physicians. As we act from principle, and are not constantly trimming our sails for popularity, every one of our friends may know exactly where to find us now, and at any future period.

Fluid Extracts.—A majority of our physicians are now using remedies in fluid form in preference to any other. What we wish is, to have these of definite strength, as concentrated as possible, and readily dissolved in or miscible with water.

It is conceded that it is feasible to prepare neatly or quite all our indigenous remedies of the strength of minim to grain, ounce to ounce; and that when the crude article has been gathered at the proper season, well preserved, and manufactured with care, it will yield a definite product.

William S. Merrell undoubtedly deserves the credit of originating a process for the manufacture of these remedies. The principle involved is simple—to determine first the proper menstruum for holding in solution the medicinal principles (the percentage of alcohol); then to extract these principles by percolation, setting aside the first runnings, continuing the percolation until the article is exhausted, and reducing the last runnings by evaporation, until when added to the first it will give a pound of fluid extract for each pound of crude medicine employed.

I am not satisfied but that our remedies would be just as good, if prepared as simple tinctures by percolation. I have manufactured quite a number myself in this way. To each pound of crude remedy, take a pound of alcohol of proper strength; put the agent coarsely powdered or ground in a percolator, and moisten with alcohol; in twenty-four to forty-eight hours add the remainder of the alcohol, and afterwards add water until one pint of tincture is obtained for each pound of agent employed.

A tincture of Veratrum, prepared in this way from the recently dried root, will be stronger and will give better satisfaction than Norwood's. A tincture of Podophyllum, of Macrotys, or of Asclepias, indeed of a score of indigenous agents, may be thus prepared in their season, and when once used will give the physician a taste for good medicine, that will spoil the market for crude and imperfect products.

If any one will thus prepare Phytolacca from the recent root, collected in October or November, and Rumex Crispus from the recently dried root, he will hardly go back to alterative syrups. The one we find in every fence-row, the other in the door-yard and garden.

Our manufacturers are making a better class of preparations, but there is so much *stuff* afloat, that the physician buying in the general market gets remedies of variable strength, if not wholly worthless. Until the preparation and sale of physicians' supplies is regarded as a *profession* requiring education and skill, and not simple merchandizing, we will have crude and variable products, and there can be no certainty in practice. Poor or adulterated remedies lead to the giving of large doses, and with remedies of variable strength this must give unpleasant results frequently. I have claimed, and I think justly, that with remedies carefully prepared and of definite strength, we will not use one-fifth the quantity; and though for such preparations we be required to pay twice the price we now pay, our drug bills would be reduced more than one-half, while the advantage to the patient and our success, would be in still greater proportion.

New Remedies.—We are constantly in receipt of letters asking information in regard to the uses and doses of agents heretofore described in this Journal. These cannot be answered personally, as it would require too much time; neither do we wish to be continually referring to them through the Journal, as it would give them undue prominence. In recommending a new remedy we do not necessarily displace an old one, but simply add to our means of cure.

Our new works will fully describe them. Many are noticed in the first part of my Diseases of Children—"Infantile Therapeutics." They will receive full consideration in the revised "Practice," and will be described in the new edition of the Dispensatory.

The Eclectic Medical Institute.—The prospects for the Winter session are very flattering. We have received more than the usual number of letters from students, and though times may be a little hard, we will have our full compliment.

The friends of the old college know that it prefers thoroughness to display, and that its faculty make no promises that they can not fulfill. Every lecturer is competent, and takes pride in advancing the class.

We will be glad to forward the Annual Announcement, and give any information in regard to the course of study.

The New Practice of Medicine.—In the revision of this work, many parts are rewritten, and quite a number of additions made. The size will be increased about one hundred pages—quite a number of diseases being transferred to Diseases of Children. There will be no increase in price, the new volume being furnished for six dollars, post-paid. It will be ready for delivery in January. The new volume of Practice and Diseases of Children will be supplied for ten dollars to those who order previous to that time.

Familiar Treatise on Medicine.—We must beg the indulgence of those who have ordered the new edition of this work, for the delay in supplying their orders. It has been occasioned by the removal of the extensive printing establishment of Moore, Wilstach and Moore, where our work is done, which has required four weeks, in place of one, as anticipated.

Before this reaches its readers, the edition will be out and orders supplied. We furnish it at the low price of $20 per dozen. Single copies $2. The retail price of the edition is $3.

As I have before remarked, the object was not to make "every man his own doctor," but to give that information in regard to physiology, hygiene and nursing, which should be made popular.

Manyf our physicians have sold from one to ten dozen copies, from their offices, to those who desired a family practice. And they all say that it has done them more good than any other means they have employed to extend their practice.

Cholera Infantum.—We are now in the midst of the season of this troublesome disease. Every year thousands die of it, in the months of August and September, and even as early as July; and doubtless many of my readers will have troublesome cases on hand as this reaches them.

I would suggest to such to try *specific medication* in place of the old means, and if successful, as I am sure it will be, make it the entering wedge for direct medication in all cases.

It is true that the practice will not have a fair trial if used in advanced cases only. As like all other means it is most successful at the commencement of the disease. I have now used it exclusively for three summers, with most flattering success; not one death.

For nausea and vomiting, intense thirst, and gastric irritation, I prescribe Ticture of Nux Vomica, in the proportion of from five to ten drops in four ounces of water; the dose a teaspoonful every hour or two hours.

For the diarrhœa I prescribe Ipecac, employing the tincture in preference to other preparations—℞. Tincture of Ipecac gtts. xx; Water ℥iv; a teaspoonful every hour

The two remedies may be combined in the proportions I have named, and will frequently act as well as if given separately,

If there is a dry skin, and frequent pulse, or if there is a soft, feeble and easily compressed pulse, with relaxed skin, I add Aconite. It may be used with the Ipecac, or alternated with it, the proportion being five drops to four ounces of water.

Preservation of Leaves and Herbs.—If medicinal leaves and herbs are loosely packed in a salt-mouth glass or earthenware jar, and sprinkled lightly with alcohol, keeping them tightly corked, they may be preserved in fresh condition for a long time. Whenever required for use, a portion is removed and prepared as a tincture, or used in infusion.

Baptisia in Mercurial Sore Mouth.—I have been consulted, and had occasion to prescribe for cases of salivation in the country—some of them as severe as in the olden time. But in Cincinnati the physician who would use mercury in general practice is a *rara avis*, and I have seen but one case in five years. This was quite a severe one, and the result of calomel and opium given for colic. The mucous membranes were tu-

mid, the gums spongy and bleeding, the teeth loose, saliva flowing freely, ulceration commencing, with coated tongue, bad breath and loss of appetite.

I prescribed an infusion of Baptisia as a wash for the mouth, and to be taken internally, alternated with a solution of chlorate of potash. But a single prescription was made, the lady recovering in a few days. I have always made the same prescription, adding the bitter tonics after a time, and with uniform success.

I regard Baptisia as not only one of our most valuable remedies in diseases of the mouth and throat, for which it has been extensively used, but also internally, to antidote zymotic processes. Whenever and wherever there is evidence of a septic process in the blood and tissues, it will be found applicable. It must be employed in medicinal doses, however, and not in quantities to irritate the stomach or poison the patient.

Evidently the Baptisia is one of those agents that must be employed in infusion, as the tincture or Baptisin is almost worthless.

Homœopathic.—In the report on Obstetrics read before the American Institute, is the detailed report of a case of "imperforate hymen" ruptured with Silicea 6000! It did not state whether the attending physician was *male* or female. The query we wish to put to our Homœopathic brethren is: if the 6000th potency will suffice to rupture an imperforate hymen, how much will be required to effect impregnation? Will the Medical Investigator please answer?

VARIETIES.

Faradization in Hydrocele.—Dr. Althaus claimed that hydrocele could be cured by the use of electricity, with greater certainty than by any other means. Two acupuncture needles were introduced, the one into the upper, the other into the lower part of the tumor, and connected with the poles of the battery.

Dr. Palmer claims to accomplish the result by using finely pointed silver needles applied to the surface.

Electricity in the Cure of Disease.—I confess to know but little of the value of electricity in the cure of disease. To know anything with certainty, requires that it shall be thoroughly investigated, and this I have never done.

Brown's Acupuncturator.—I have frequent enquiries with regard to the value of this instrument in practice. But here also, I am not the one to give an opinion, for I do not believe

in *counter-irritation* if we have other means that will answer. Professors Freeman and Jones are believers, and they have recommended it in our pages. For the purposes of counter-irritation it is good, (how much better than other means I can not say,) and if one wants something for this purpose, he may purchase this.

A Cheap Porte-Caustic.—One is many times at a loss for a porte-caustic in making applications to the os and cervix uteri, to the mouth, fauces, throat and nares—nitric acid as a general rule, is as good as nitrate of silver; and a pine stick, given the proper form with the pen-knife is an admirable porte-caustic. The wood should be thoroughly soaked and the adhering drops wiped off.

Phosphate of Soda.—When a child has a pallid broad tongue with white fur, and suffers from indigestion, give small doses of phosphate of soda. Five grains daily will prove a most valuable restorative.

We have heretofore noticed its use in overcoming the obstinate constipation of children, for which it has no equal.

Endermic Use of Quinine.—With chloroform or aqua ammonia, redden a surface of three inches in diameter over the epigastrium, and apply a solution of quinine in water by sulphuric acid. It is claimed that the absorption of one-half grain in this way, will break an intermittent. It should be used one hour before the expected chill. Who will try it and report?

Veratrum for Felons.—In the commencement of the inflammation, we will frequently find that a moderately tight bandage constantly wetted with tincture of veratrum, will arrest the disease.

At a further advanced stage of the disease, a strong solution ef permanganate of potash, or the carbolate of iodine will prove the best application.

Carbolic Acid Ointment.—I have lately used with advantage an application of carbolic acid in the treatment of "old sore legs." The following is the form: ℞ Solution of Carbolic Acid (Calvert's,) ℥i; Linseed Oil, ℥v; Whiting, q. s. to make a paste of proper consistence.

Caulophyllum.—The blue and not the black cohosh is the remedy in diseases of women. I am confident that an infusion will be found parturient, and will prove far safer than ergot. It is an admirable remedy in suppression of the menses from cold, and may be used to relieve determination of blood in chronic disease.

Iris Versicolor.—Many physicians have been disappointed in preparations of Iris, and arrived at the conclusion that the descriptions of our older physicians were inaccurate. An iridin has just the value of *saw-dustin*, and may be employed for the same purposes.

To obtain the action of Iris, an infusion or tincture of the recent root must be employed, and in this form no remedy will give greater satisfaction. It is a valuable laxative, increasing secretion and leaving the bowels in a soluble condition. Those who have employed it extensively claim that it is the most certain vegetable alterative in the materia medica—having especial value in the treatment of syphilis.

Rest in the Treatment of Disease.—Let it be recollected that there is scarcely a disease but is benefited by rest. This is especially the case in localized diseases—rest, frequently being the most important means of cure.

Tincture of Gelseminum.—It is claimed that to have a *safe* tincture of gelseminum, we must use the bark of the root and not the woody portion. As all the tinctures prepared for the market is made of the root, both bark and wood—have we been poisoning our patients?

For Burns.—As an excellent application for burns is a paste composed of equal parts of common whiting, olive oil and vinegar. Would it not be well to add a small portion of carbolic acid? As a slightly stimulating application has been found best.

Bromide of Ammonium and Bromide of Potash in Epilepsy.—I much prefer the Bromide of Ammonium in epilepsy; I have now employed it for eight years with satisfactory results; using it in the strength of ℥ss to water, ℥iv: a teaspoonful four times a day.

Bromide of potash is greatly over-estimated, and when it ceases to be a hobby, it will pass into merited obscurity.

Asclepias. (pleurima species.)—Let it be recollected that all the species of Asclepias possess similra medicinal properties, so that the practitioner may employ that which grows in his neighborhood. The A. Cornuti, as well as the A. Syriaca, is diuretic in cold infusion, and both are excellent expectorants.

Carbolic Acid in Gonorrhœa.—Dr. Williams of this city reports excellent results from the local use of carbolic acid in gonorrhœa. He adds of the crystals, grs. xv to grs. xxx, to glycerine ℥i; and smearing a bougie with it, introduces it into the urethra twice a day.

The Sulphites as Antiseptics.—By referring to the original articles of Dr. Polli in Journal of 1863, it will be seen that he has precedence in advising an antiseptic treatment for injuries, wounds, and in surgical diseases. He recommended the internal use of sulphite of magnesia in doses of fifteen grains four to six times a day; and the sulphite of soda as the local application.

The sulphite of soda thus applied "produces immediate local anæsthesia, which is particularly appreciated in burns, and allows of their being dressed and cauterized without pain. In sixty-five cases of wounds thus treated, the effects produced were immediate; the wounds improved and became of a healthy color; active granulation took place; the pus was scanty, inodorous, and tough as gluten. The application also acted as a disinfectant."

Jaundice.—To remove the discoloration of the skin, give diuretics, the salines being preferable.

Tobacco Smoke in Intestinal Obstructions.—Dr. Olive, of the Marseilles Dispensary, used successfully tobacco smoke injections with the help of a bellows into the intestines, in the case a man, aged thirty-eight, who obtained no relief from injections of purgatives, oil and tobacco, and of cold applications. The tympanitis appeared to increase, but in a short time three dark fœtid stools were passed, and the patient recovered at once.

Porrigo Favosa.—Iodide of Sulphur.—After softening and detaching the crusts by the application of linseed-meal poultices, let an ointment composed of iodide of sulphur one drachm, and lard an ounce and a half, be well rubbed into the diseased patches night and morning. This will probably answer better than the use of sulphur or citrine ointments.—*Dr. D. Donovan.*

Pruritus of the Skin.—No remedy is better than creosote mixed with ten times its bulk of oil.—*Dr. J. H. Bennett.*

Benzoated Ointments in Skin Diseases.—No ointment or oil is suitable for application to the skin that has not been previously benzoated.—*Mr. E. Wilson.*

Curability of Injuries of the Hand.—There appears to be no part of the body so capable of recovery from lacerations and other injuries as the hand. Dr. Agnew remarks on this subject, in the Pennsylvania Hospital Reports: "So frequently do we witness in this Hospital extraordinary recoveries in broken and lacerated portions of the hand, that patients with such injury should have the benefit of even the shadow of a doubt."

Phthisis.—Inhalations.—Remedies administered by inhalation are really useful in certain cases, chiefly those in which the larynx and trachea are much affected, and in those attended with convulsive cough or offensive expectoration. The use of inhaling instruments is fatiguing and unnecessary. A quart jug of hot water, with a napkin from over the nose down to and around the jug to confine the steam, is all that is needed. To the hot water is added the drug to be inhaled; and creasote or carbolic acid, iodine, chloroform, oil of turpentine, and juice or extract of hemlock, are the articles which I have found most useful. DR. C. J. B. WILLIAMS.

Diabetes.—Dilute phosphoric acid is recommended by the author as having proved of much service in the treatment of diabetes. In the case related by him he gave twenty-five drops three times a day after meals. This was seconded by the ordinary dietetic treatment of the disease, and of such remedies as iron and cod-liver oil. The patient, however, discarded everything except the acid. Under its use his thirst lessened considerably, and all his symptoms improved.

Dr. J. G. THORNLEY.

Syphilitic Ulceration of the Throat.—Sulphurous Acid Spray.—Dr. Purdon, of Belfast, relates a case of intractable syphilitic ulceration of the throat which healed in three weeks under the use of sulphurous acid spray. It had resisted other remedies for three months.

Ovarian Neuralgia.—In cases of ovarian irritation or neuralgia, give an eight-ounce mixture containing two drachms of the nitrate of ammonia, with five-drop doses of tincture of aconite. This combination of remedies has sometimes a most marked effect in causing the subsidence of the pain.

Dr. J. WARING-CURRAN.

Pyæmia.—Keep the patient well under the influence of alkalies, the excretions being fully alkaline; and with this continue a full allowance of stimulants and support. Besides promoting secretion and excretion, this plan of treatment tends to prevent that first step of coagulation which, in its secondary effects, plays such an important part in the history of embolism. MR. C. S. JEAFFERSON.

Antiseptic Treatment of Wounds.—The oil and chalk, or putty, with carbolic acid, is rather a disagreeable mode of dressing wounds, so Mr. Lister has tried to improve the application by using emplastrum plumbi, mixed with one-fourth part of bees-wax and one-tenth part of carbolic acid. This is used as a plaster spread on calico, in a layer of about one-twentieth of an inch thick.

Treatment of Diseased Gums.—A writer in the *London Lancet* recommends the following treatment of diseased gums: The teeth should be washed night and morning with a moderately small and soft brush; after the morning ablution, pour on a second toothbrush, slightly damped, a little of the following lotion, and apply it to the affected parts: Carbolic acid, one scruple; rectified spirits of wine, two drachms; distilled water, six ounces. By the use of this preparation, supurative action is kept under, and the gums get firmer and less tender.

Catarrhus Vesicæ Treated by Injection.—The *London Lancet* gives the following formula for an injection into the bladder, which has been found very useful in chronic catarrh of that viscus. Iodide potass., fifteen grains; tincture iodine, forty-five drops; water, ten ounces. If there is much pain, add ten to fifteen grains extract of belladonna.

Artificial Ivory.—It is stated (*Ibid.*) that "mock ivory may be made by mixing isinglass and strong brandy into a paste with finely powdered egg-shells. It should be cast in moulds, previously well oiled, and be left to dry. It is said to resemble real ivory when hard."

Carbolic Acid in Skin Diseases.—Carbolic acid promises to prove a local remedy of great value in skin diseases, especially, of course, those parasitic in their origin. It may be applied as a lotion of the strength of half a drachm to four ounces of water. Three cases respectively of chronic eczema, impetigo, and of psoriasis inveterata are related, in all of which the above application proved curative.—*Dr. F. P. Mann.*

Wanted.—Any thorough Eclectic Physician wishing a good practice ready established, at a small town on the Rockford, Rock Island and St. Louis R. R. will do well to address the undersigned, who wishes to engage in a different business, and will give up a practice worth $2,500 or $3,000 a year. The people here are strongly in favor of the Eclectic system.

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Married.—On Thursday, July 1st, 1869, J. W. Sage, M. D. to Miss Mattie E. Barr; both of Hartford City, Indiana.

For Sale.—Any good, energetic physician can at once obtain a lucrative situation by buying the following property: A good commodious house, with five rooms, good cellar and an excellent cistern. The front room is large enough for a drug store, or almost any kind of business. There is also on it a good stable, sufficiently large for four horses, a good carriage house, smoke house, etc. The lot upon which are erected these buildings, contains various kinds of fine bearing fruit trees, such as Apples, Pears, Plums, etc. Grapes, Shrubberies, and Gooseberries also abound. The above property is located on the Georgetown and Chester road, containing one and a half acres, seven miles from the former and six from the latter, in the town called Randolph, in the County of Randolph, State of Illinois. This is a small inland town; the surrounding country is good, and thickly settled with wealthy farmers

No physician is nearer than the above named places. Dr. Harris occupied this same house sometime ago, and did well, making from fifteen to twenty dollars per day. He, however, being accustomed to city life could not (or his family) endure the loneliness of a country town, and hence left again for a city, or a larger place. I have bought or traded this place, but having at present a situation which satisfies me, I offer the same cheap, $1000. For further information address

S. F. Wehr, M. D., Okaw, Washington Co., Illinois.

RECEIPTS FOR THE JOURNAL TO JULY 24.

H B Train 2, G H Plumley 2, E K Grube 2, J B Phipps 2, C D R Kirk 50, L A Danills 1, W B Graham 2, D A Rosenberg 2, Josephus Parsons 2, A R Edson 2, E Luellen 2, E A Bougs 2, F J Gogen 2, G W C Gamble 2, A A Wolfe 2, W Gillespie 2, Chas S Callahan 2, R J Williams 2, T S Perkins 2, C A Goshen 2, T J Batchelder 2, C Gaskins 2, H W Richardson 2, N W Briggs 2, H Reynolds 2, E H Cary 2, D G Philips 2, E H Frask 5, Wm Cordell 2, John F Spencer 1, J C Jacques 2. W B Jordan 1, T G Comstock 2, J N Betts 2, Will J Fogarty 2, Chas Williamson 2, J O Hendershot 1, C S Maynard 2, H B Brown 2, Chauncey Stewart 2, Henry Parker 2, D M Keith 2, George Barnes 2, A S Griffith 2, E C Parke 2, J J Welch 2, J A Reid 2, R C Ely 2, M M Miles 2, D L Spaulding 1, Paul Huston 2, W Z Smith 2, B O and G C Wilson 2, O P Fry 1, J H Phares 2, Thos Rigg and Son 2, A C Moon 2, J H Ealy 2, C P Sanford 2, F B Ferler 2, C Miller 1, F S Zeek 1, Paul W Allen 2, J N Percell 2, L H Redd 2, W W Hadley 2, S B Anderson 2, H D Jillson 2. D D Borgen 2, D A Worwick 2, J C Lampman 2, E Y Brown 2, J J Wakefield 1, W P Leathers 2, A S Stewart 2, J M Duncan 2, M N Barber 2, T S Hendrick 2, J V D Coon 2, D Higbie 2, T C Estabrook 1, W W Keeling 2, F H Fisk 2, J F Dykeman 2, G W Picking 2, L L Benson 25 cts, R Alges 2, W H Davis 2, J S Bordwell 4, A J O Bannon 2, J W Dunlap 1, J W Petnie 2, F N Burgin 1, J W Ellis 2, D C Clover 2, S M Placter 2.

The *Prices Current* of Messrs. H. M. Merrell & Co. will be again found in this number of the journal. It has been carefully revised and enlarged, and with reduced prices; reliable drugs *only* are quoted. The reputation of this firm as a physician's furnishing house is their great recommendation.

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Jalap	"	5 00
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Michella Repens	"	1 75
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Podophyllum	"	1 50
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Scutellaria	"	1 60
Senna Alex.	"	1 50
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Valerian	"	1 75
Veratrum Viride	"	2 00
Gallum...Cleaves	pkd	25
Gamboge	powd	2 25
Gentian	grd	25
Gin, Holland	gal	5 00
Gum Arabic	selected	1 00
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Kino	"	1 50
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Gualac, resin	"	75
Glycerine, pure, concentrated	"	75
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Iodine...Resublimed	do	60
Inula...Elecampane	grd. per lb.	25
Iris Versicol...Blue Flag	crd do	60
Iron, by Hydrogen	per oz.	30
Subcarbonate	per lb.	35
Soluble Citrate	per oz.	25
Ferrocyanide	do	20
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Per sulph...Monsel's	do	20
Kalmia Lat...Laurel	pk. per lb.	30
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Leptandrin	per oz.	80
Lobelia Herb	pk. per lb.	40
Seed	powd do	1 00
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Liquor Bismuth.	per lb.	1 00
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Myrica Cer...Bayberry	powd do	30
Oil Capsicum	per oz.	1 00
Ergot	do	75
Erigeron	do	30
Lobelia Seeds	do	1 25
Stillingia	do	1 25
Ointment, Mayer's	per lb.	1 00
Mild Zinc	do	1 50
Basilicon	do	40
Potassium, Bromide	per oz.	25
Iodide	do	40
Potassa, Bicarb.	cryst. per lb.	50
Chlorate	do	60
Nitrate	refined do	40
Permanganate	per oz.	60
Plasters, Irritating	per lb.	40
Strengthening	do	40
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Powder, Diaphoretic,	do	3 00
Jalap Comp.	do	1 75
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Prunus Virg...Wild Cherry	do	20
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Podophyllin	per oz.	75
Rhubarb	powd. per lb.	3 50
Rubus Vil...Blackberry root	do	20
Rumex Crisp...Yellow Dock	do	30
Rochelle Salts	do	60
Sanguinaria Can...Blood root	grd do	20
Sanguinarin	per oz.	2 00
Senega...Seneka Snake root	grd. per lb.	90
Senna	do	50
Sarsaparilla Honduras	do	75
Spigelia Maryl...Pink root	do	50
Symphytum...Comfrey	do	35
Santonine	per oz.	1 40
Sulphur Sub	per lb.	15
Soda Bicarb.	do	15
Sulphite	do	50
Syrup, Alterative	per gal.	4 00
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Ipecac	do	75
Squills	do	50
do Comp.	do	75
Rhubarb Arom.	do	75
Senega	per lb.	75
Comp. Tonic,	do	2 50
Spts. Lavendar Co.	do	75
Tincture Aconite leaves	do	60
Arnica	do	60
Antispasmodic	do	75
Belladonna	do	60
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Cimicifuga	per lb.	60
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Lobelia	per lb.	75
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Chloride Iron	do	60
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do Camph.	do	1 00
Pulsatilla	per oz.	40
Phosphorus	do	80
Staphysagia	do	40
Sanguinaria	per lb.	60
do Acet.	do	60
Sudorific.	do	1 50
Verat. Vir., U. S. P.	do	1 00
Uva Ursi	do	25
Viburnum Op...High Cranberry	do	40
Whiskey, Old Bourbon	per gal.	4 00
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Maderia	do	5 00
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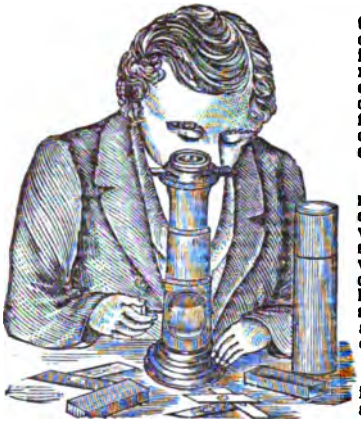

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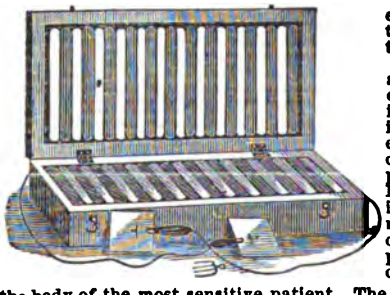

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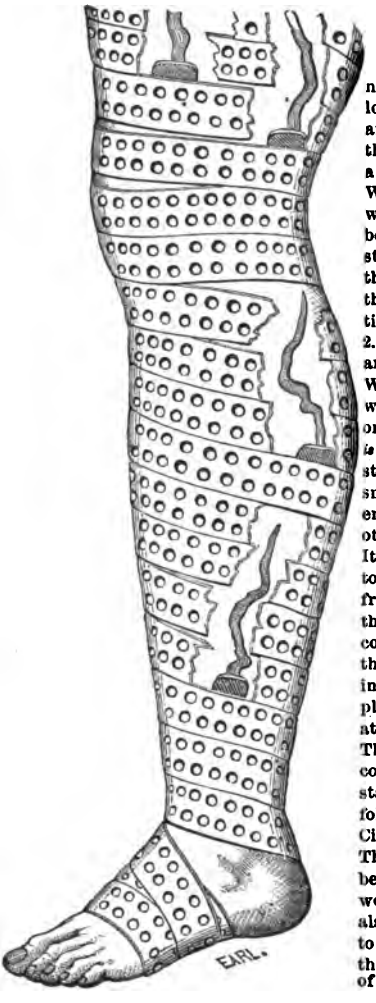

EXPLANATION.

In the treatment of varicose limbs, the ordinary means employed, are: caustics, ligatures, lotions, cold applications, elevating the limb, and lastly and most important of all, to apply the elastic stocking; but this seldom produces a radical cure for the following reasons: 1. When applied, the pressure is even over the whole limb, every day it is worn the small rubber strips interwoven in the fabric continue to stretch, becoming more and more loose, until the compression is so inefficient as to permit the vessels to re-inlarge to their former condition, and a new stocking becomes necessary. 2. The stocking does not sufficiently air the limb and the cloth maintains to much warmth. 3. With the stocking, no means is presented, whereby more compression can be applied to one part of the limb than to other portions—this *is really necessary in some conditions.* 4. With the stocking, no means are presented, whereby small local compresses may be applied conveniently to the lower part of the serpentine or other enlargements as represented in the plate. It becomes necessary, in order to radically cure, to effectually cut off the supply of venous blood from the cavity, and at the same time press out the blood from the cavity, thereby producing a complete colapse and consequent adhesion of the parts. THE BANDAGE fulfils all these indications perfectly. The pressure can be applied increasingly from day to day, and graduated to different localities on the same limb. The limb or surface to which it is applied is competently aired, the rubber maintains a constant cool condition, and if the directions are followed as given in my Medical Work and Circulars, a permanent cure will be inevitable. The bandage is easily applied, all persons being able to wait upon themselves. Can be worn conveniently in any boot or shoe. It is also equally beneficial to other enlarged limbs; to phlegmatic and other indolent ulcers; where the tissue is to flabby and feeble to heal, it is of the first importance as a compress.

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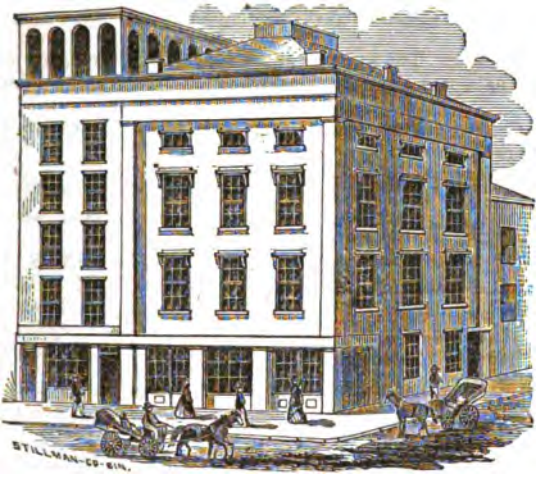

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Agrimonia	1 50	1 50
Ampelopsis...Am. Ivy	1 50	1 60
Anthemis...Chamomile	1 50	1 75
Apocynum	1 50	1 60
Aralia Rac...Spikenard	1 25	1 50
Arnica	1 50	1 60
Asclepias Tuberosa	1 40	1 60
do Incarnata	1 50	1 75
Baptisi...Wild Indigo	1 40	1 60
Belladonna	2 25	2 50
Barosma...Buchu	2 00	2 25
do Comp	2 00	2 25
Caffea...Java Coffee	2 50	2 75
Cannabis Indica	3 00	3 25
Cannabis Sativa	1 50	1 60
Caulophyllum	1 30	1 60
Capsicum...Af. Cayenne	1 75	2 00
Conium Mac	1 40	1 60
Celastrus, bark of root	1 25	1 50
Cimicifuga or Macrotys	1 40	1 60
Cinchona pale	1 60	1 80
do true red	3 25	3 50
do Comp	2 50	2 75
Chenopodium...Wormseed	1 40	1 50
Chelone Glab...Balmony	1 25	1 50
Chimaphylla	1 30	1 50
Colchicum root	1 50	1 75
do seed	2 00	2 25
Collinsonia...Stoneroot	1 40	1 60
Cornus Florida	1 25	1 40
Corydalis...Turkey Pea	2 00	2 25
Cubeba	2 25	2 50
Cypripedium	1 60	1 80
Colnmba...Foreign.	1 40	1 60
do Am	1 20	1 40
Digitalis...Foxglove	1 50	1 75
Dioscorea...Wild Yam	1 40	1 60
Dulcamara...True Bittersweet	1 25	1 50
Ergot	3 00	3 25
Erigeron Can...Fleabane	1 40	1 50
Epigea Rep...Gravel Plant	1 40	1 60
Euonymus...Wahoo..	1 50	1 75
Eupatoreum Perf...Boneset	1 25	1 50
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Felix Mas...Male Fern	1 50	1 75
Gelseminum	2 00	2 50
Gentian Lut	1 25	1 50
do Comp. U.S.P	1 25	1 50
Geranium Mac	1 25	1 50
Gossypium...Cotton Root	2 00	2 25
Gellenia...Amer. Ipecac	1 40	1 60
Helleborus Nig	1 50	1 75
Helonias...Star root	2 00	2 25
Humulus...Hops	1 40	1 60
Hyoscyamus	2 00	2 00
Hydrastis...Golden Seal	1 50	1 75
Hydrangea	1 50	1 75
Inula...Elecampane	1 25	1 50
Iris Versicolor...Blue Flag	1 40	1 60
Ipecacuanha	6 50	7 00
Jalapa...Jalap root	4 00	4 50
Juglans...Butternut	1 25	1 50
Kalmia Laurel	1 40	1 60
Krameria Rattany	1 75	2 00
Lactuca...Lettuce	1 25	1 50
Leonorus...Motherwort	1 50	1 75
Leptandra...Culver	1 40	1 60
Liatrus...Button Snakeroot	1 40	1 60
Liriodendron...Yel. Pop	1 25	1 50
Lobelia Herb	1 75	2 00
do Seed	2 00	2 25
Lycopus...Bugle	1 50	1 75
Marrubium...Hoarhound	1 25	1 50
Matico	2 25	2 50
Myrica cera...Bayberry	1 25	1 50
Mitchella Repens	1 50	1 75
Nepeta Catar...Catnep	1 00	1 25
Nux Vomica	1 50	1 75
Podophyllum	1 40	1 60
Polygonum Punct	1 25	1 50
Polygala Senega	2 25	2 50
Phytolacca...Garget	1 40	1 60
Pareira Brava	1 50	1 75
Prunus Virg...Wild Cherry	1 25	1 50
Ptelea...Wafer Ash	1 50	1 75
Rheum...Rhubarb	5 50	6 00
Rheum...Aromat	5 50	6 00
Rumex...Yellow Dock	1 40	1 60
Rumex Comp	1 40	1 60
Rubus Vil...Blackberry	1 25	1 50
Sanguinaria...Blood Root	1 40	1 60
Sabine...Srbine Leaves	1 25	1 50
Sarsaparilla R. N	1 75	2 00
do Comp	1 75	2 00
Scutellaria...Scullcap	1 40	1 60
Senecio...Life root	1 40	1 60
Stramonium	1 50	1 75
Senna Alex	1 40	1 60
Senna and Jalap	2 75	3 00
Santonica...Lev. Wormseed	1 75	2 00
Serpentaria	2 00	2 25
Spigelia...Pink root	1 75	2 00
do Comp	1 50	1 75
Stillingia	2 00	2 25
do Comp	1 75	2 00
Scilla...Squilla	1 40	1 60
Scilla Comp...For Hive Syrup	1 75	2 00
Symplocarpus...Skunk Cabbage	1 50	1 75
Taraxacum...Dandelion	1 40	1 60
Trillium...Birth root	1 50	1 75
Uvi Ursi	1 25	1 50
Valerian English	1 50	1 75
Veratrum Viride	1 75	2 00
Verbena Hast...Vervain	1 50	1 75
Veronia...Iron Weed	1 50	1 50
Xanthoxylum...Prickly Ash	1 75	2 00
Zingiber, Jam	1 75	2 00

Concentrated Medicinal Syrups.

The great object in the preparation of Syrups, is to have them of uniform strength, while they are strictly officinal. We use a displacement apparatus in the preparation of all our Compound Syrups, and oversee their preparation ourselves. We warrant them to be composed of the best materials; and we would have it distinctly understood, that the Syrup in its preparation, never comes in contact with direct heat. Thus the active volatile principles of its ingredients are all retained. We send directions with most all the Syrups, for the aid and convenience of the practitioner.

Medicinal Syrups may be improvised by following the directions given for our concentrated Tinctures and Fluid Extracts.

	Per Doz.	*Per Gal.*
Alterative Syrup	$8 00	3 75
Pulmonary Syrup	8 00	4 00
Scrofulous Syrup	8 00	4 00

Simple Syrup Stillingia, pint bot. per doz $12 00
do do per gallon 6 00

The Simple Syrup Stillingia is one of the best and safest articles for all Bronchial and throat affections.

Comp. Syrup Stillingia pt. bot. p doz $9 00
do do per gallon 4 00

We also make an article, the strength of the formula of the Eclectic Dispensatory, which we sell at $3 50 per gallon, or $8 00 per doz. pint bottles.

Concentrated Neut. Cordial per gal.....$4 00
do do per doz. pt. bot...8 00

This article is so well known that it is scarcely necessary to say a word in its favor. We use the best Brandy and select Rhubarb, and make it full strength. It can always be relied upon as the best regulator of the bowels of any article known to the profession.

Dr. Thorp's Balsam of Life.

It is now some twelve years since Dr. Thorp first introduced this preparation to the profession, since which time it has been used by a large number of our best physicians for the cure of pulmonary affections; and from the great reputation it has gained, we confidently recommend it as one of the best remedies known for all cases of stubborn cough, where there is little or no expectoration; also for Asthma, Croup, Whooping-cough, Bronchitis, and as a general expectorant. It is composed of Comp. tinct. Myrrh, Annise, Sanguinaria, Lobelia, Sassafras Squills, Peppermint, Balm Gilead, etc. Price per doz. $7 00, per gallon $6 00.

Syrup Helianthus.

Syrup of helianthus was introduced to the profession about ten years ago, and has been extensively used and much praised by those using it, especially by Doctors Newton, who have made extensive use of it in their Clinic Institute, and say that they find it very valuable in all Bronchial affections—Chronic Laryngitis Chronic Pneumonia, in night sweats and general prostration from pulmonary Diseases, it will be found very effective. Pint bottles $8 00 per dozen, $4 00 per gallon.

Compound Syrup Mitchella Repens.

This is a fine agent in preparing the system for parturition, and facillating labor, and has given much satisfaction where it has been used. We put it up in bottles at $8 00 per dozen, or $4 00 per gallon.

Merrell's Blackberry Anodyne.

The Formula for this celebrated article, got up by H. M. MERRELL, was given to the profession some six years ago, and many physicians after full trial, gave it their unqualified approval. We invite the attention of the profession to it, as an efficient remedy for *Diarrhœa, Cholera Infantum, Cholera Morbus*, and other affections of the bowels and stomach, which require an astringent warming, and sedative medicine. It is neatly put up in 4 oz. vials. Price retail, 25c.; per doz. $2 00, per gal. $6 00.

Acetous Emetic $8 00 per doz.; $4 00 per gal.

As a common emetic, it is to be preferred to all others. For formula and use see Eclectic Dispensatory;

Restorative wine Bitters, per bot.....$1 00
do do do per doz.....8 00
do do do per gallon.....4 00

Made after Beach's formula with good Malaga or Burgundy Wine.

Compound Gin Bitters, per bottle.....$1 00
do do do " dozen.....7 00
do do do " gallon.....4 00

Made after Beach's formula for old *Dr. Bone's* Bitters, and is four times the strength directed by the original recipe.

Tinctures and Syrups.

	Per Pint.	*Per Gal.*
Anti-spasmodic Tinc	$0 75	$ 5 00
Comp. Tonic Mixture per lb.	2 50	
Well's Anodyne Drops	1 50	12 00
Elixir Vitriol	1 00	6 00
Renovator (Adolphus) per lb.	3 00	
Syrup Iodide Iron, per lb	90	
Sudorific Tinct	2 00	12 00
Syrup Squills	50	4 00
Syrup Squills Comp	75	5 00
Syrup Ipecacuanha	75	5 00
Syrup Rhubarb Arom	75	5 00
Syrup Senega	75	5 00
Spirits Lavender, Comp	75	5 00
Tincture Myrrh, No. 6	75	5 00
King's Expectorant	75	5 00
Tinct. Mur. of Iron	60	4 00
Tinct. Opium (Laudanum)	2 50	17 00
Tinct. O. Camph. (paregor)	75	6 00
Tincture Aconite leaves	60	4 00
Tincture Belladonna	60	4 00
Tincture Lobelia	75	5 00
Tincture Sanguinaria	60	4 00
Tincture Macrotys saturated.	60	4 00
Tincture Arnica Flowers	60	4 50
Tincture Lobelia Acet	60	4 00
Tincture Sanguinaria Acet	60	4 00
Tincture Veratrum Viride	1 00	6 00
Tinct. Phytolacca green root, per lb		1 25
Tincture Staphisagria.....per oz.		40
do. Pulsatilla.....per oz.		40
do. Cactus Grand'f...per oz.		40
do. Phosphorus.....per oz.		30
do. Bryonia.....per oz.		40

Tincture Yellow Jessamine, saturated and of uniform strength, an article that can always be relied upon, put up in pint bottles at $1 00 per bottle; per gallon, $6 00; Dry Root, 75 cents per lb.

All other Tinctures and Syrups usually called for, always on hand.

Ointments and Plasters.

	per lb.		per lb.
Opthalmic Balsam	$2 50	Mayer's Oint	$ 75
Mild Zinc Oint	1 50	Fire Extractor	1 25
Pile Oint	2 00	Discutient Oint	75
Stramonium Oint	60	Yellow Dock	60
Bittersweet Oint	60	Wild Indigo oi't.	60
Citrine Ointment			75
Mercurial Ointment, ⅓ merc			85
" " ⅛ "			75

	per lb.		per lb.
Aconite Plasters	1 60	Arnica Plas	1 60
Belladonna "	1 50	Cantharides pl.	1 20
Black Salve in ¼ lb. tin boxes			60
Irritating Plasters, "			60
" " ⅛ rolls			40
Strengthening Plaster			40
Arnica Plaster, spread, large	per doz.		2 00
" " " small	"		1 50
Burgundy Pitch, " large	"		2 00
" " " small	"		1 50
Poor Man's, " large	"		1 75
" " " small	"		1 25

All other Ointments prepared at the shortest notice, and at the lowest rates.

Compound Powders.

	Per lb.
Powder of Jalap Comp. Beach's Anti-Bilious Powder	$1 75
Powder of Ipecac and Opium Comp. Diaphoretic Powder	3 00
Powder of Lobelia Comp. Emetic powder	2 00
Powder of Rhubarb Comp. Neutralising Powder	1 75
Powder of Bayberry Comp. Composition Powder	40
Powder of Asclepias Comp. Morrow's Sweating Powder	40
Powder of Tamarac Comp. Mixture for Bone's or Gin Bitters	60
Powder of Populus Comp. Thompson's Spice Bitters	50
Powder of Comfrey Comp. Mixture for Restorative Wine Bitters	50
Powder of Deer's Horn, calcined Buckhorn Styptic	1 00

Caustic.

Sesqui Carbonate of Potash, in two oz. bottles per doz	$2 00
Sesqui Carbonate of Potash per lb.	1 00

BOTANIC MEDICINES.

The following list of articles in various forms, with their prices, will enable the purchaser to make out his order, so that he may come very near the amount of Cash necessary to send. The indigenous roots, herbs, barks, etc., are sold by us crude, packed, crushed, ground, powdered and pulverized. We put up some of the pulverized articles in bottles, for which we make an extra charge. We also pack them in papers of 1 lb., ½ lb., ¼ lb., adding the customary price for packing. Herbs, when wanted in quantities of several pounds in bulk, will be charged lower than the quoted prices, and in smaller papers than ¼ lb, the extra price of cutting and wrapping will be added. We warrant all our herbs as fresh and as neatly put up as those of any other house.

N. B.—*Crshd.* signifies crushed or coarsely broken up. *Grd.*, ground without sifting, suitable for tincturing or infusion. *Pulv.*, an impalpable or dusted powder. *Pkd.*, packed or pressed in 1 lb. ⅛ lb. ¼ lb. package; when no such designation is added, the article is understood to be in its crude or natural state.

	Per lb.
Acacia...Pure Gum Arabic...pulv.	$1 25
Achillea Millefol...Yarrow...pkd.	25
Aconitum Nap...Aconite Leaves Eng.	40
" " " root "	40
Acorus Calamus...Sweet Flag	25
" " peeled	35
Actea Alba & Rubra...wh't & r'd Cohosh	30
" " pulv.	35
Adiantum Ped...Maidenhair...pkd.	30
Agrimonia...Agrimony "	35
Allium Sat...Garlic...bulbs	50
Althea Officinal...Marsh Mallow...shk.	30
" " scraped root	40
" " " pulv	60
Althea Roseа...Hollyhock...flowers	80
Aloes Capen...Cape Aloes...pulv	60
Aloes Socrota...Socotra Aloes...pulv.	1 00
Alnus Serrulat...Red or Tag Alder...pkd	30
Ambrosia Elatoir...Ragweed "	20
Ampelopsis Quinq...five leaf Ivy...crshd	25
Amygdalus Persica...Peach Leaves..pkd	25
" Cort...Peach Bark...crshd	25
" Sem...Peach Pits	50
Anthemis Cotula...May Weed...pkd	25
Anthemis Nob...Chamomile Flowers	60
Angelica Archan...Archangel	40
" Atropurpurea...Am. Angelica.	50
Apocynum And...Bitter root...pulv	50
" Canab...Black In. Hemp.. crshd	40
" " " pulv	50
Aralia Hispida...Dwarf Elder...crushed	40
" Nudicaulis... wt. Sarsaparilla.crd	30
" Racemosa...Spikenard...erushd	25
Aralia Spinosa...prickly Elder...brk. rt.	50
Aris Serpentaria...Virg. Snake root	75
" in lb. bot. " pulv.	1 00
Arnica Mont...Arnica Flowers...pkd	40
Artemisia Abreton...Southernwood...pk	30
Artemisia Abysinth...Wormwood	35
Artemis Santonica...Levant Wormseed..	50
" " " powd	60
Artemisia Vulgaris...Mugwort...pkd	30
Arum Triphyllum...Indian Turnip	40
" in bottles " pulv	50
Aspid Felix Mas...Male Fern...root	40
Apium Petrosel...Parsley...root	50
Asarum Can...W. Ginger. C. Snake root,.	30
" " pulv	40
Asclepias Incarnata...W. Ind. Hemp..cr	30
" " " pulv	40
" Syrica Silkweed...crushed	30
" Tuberosa...Pleurisy root...crd	30
" " " pulv.	40
Aster Punicues...Cocash	40
Asparagus Off...Asparagus...root	45

	per lb.
Belladonna En...dead Nightshade....pkd	40
" in bottles.....pulv	60
Borago Off...Borage .....pkd	60
Baptisia Tinctora...Wild Indigo...crshd	35
" " pulv	50
Beberis Vul...Barberry bark root.....pkd	40
Betula Lenta...Sweet Birch.....crshd	25
Calendula Off...Marigold Flowers.....pkd	50
Cantharides...Spanish Flies.....powd.2	25
Capsicum Afric...Af. Cayenne.....powd	60
Carbo Ligni prep...prepared charcoal....	25
Carophyllus...Cloves.....	60
" " .....pulv	70
Carthamus Tinc...American Saffron.....2	50
Cardus Benedictus...Blessed Thistle..pk	40
Cassia Mariland, &c. See Senna.....	
Caulophyllum Th...Blue Cohosh.....crsh	20
" " pulv	30
Celastrus Scadens.....False Bittersweet bark of root.....	30
Cenanthos Am....Jersey Tea...bark root..	50
Chelidonium Majus...garden cel..... root	30
Chelone Glabra...Balmony Herb.....pkd	35
" " pulv	45
Chenopodium Anth...Wormseed...seed...	20
" " powd	30
Chimaphylla...Princess Pine..Pipsissa...	35
Cinchona Pallida...Loxa barks.....pulv.1	50
" Rubra...True Red Barks...pulv.2	00
" Calisaya..Calisaya Barks..pulv.2	50
The above are Powdered from Genuine Barks.	
Cinchona Carthage...com. Yel. Bark.....	60
Collinsonia...Stoneroot or Oxbalm.crshd	25
Columba, Coc. Pal...Columbo.....crshd	30
Columba, Coc. Pal...Colombo.....pulv	40
Comptonia Asp...Sweet Fern.....pkd	30
Conium Mac...Poison Hemlock.....pkd	35
Convallaria...Large Solomon Seal.....	40
Convolvulus Paudu...Man in Earth.....cr	30
Cornus Florida...Dogwood.....grd	20
" " pulv	30
Cornus Serrica...Swamp Dogwood..bark	30
Coptis Trifolia...Gold Thread.....pkd. 1	00
Coriandrum...Coriander seed.....	25
" " powd	45
Corydalis Formosa...Turkey Pea.....	50
" " powd	60
Cochlearia Off...Horseradish.....root dry	35
Cubeba Becca...Cubeb berries.....powd	60
Cuc. Colocynthus...Col. Apple..... powd.1	00
" pure pulp without seeds...pulv 2	00
Cunilla Mariana...Dittany .....pkd	40
Cynoglossum...Hound's Tongue.....root	30
Cypripedium...Ladies' Slipper.....grd	40
" " pulv	50
Delphinium Consol..Larkspur...seed.....1	50
Digitalis Purpurea...Foxglove.....pkd	40
" " pulv	50
Dioscorea Vil...Wild Yam.....crushed	25
Diosma Crenata...Buchu...leaves.....	60
Diospyrus Vir...Persimmon.....bark.....	30
Dirco Palustris...Leatherwood bark.....	30
Dulcamara...True Bittersweet.....twigs	35
Epigea Repens...Gravel Plant.....pkd	40
Epiphegus Vir...Beech Drops.....crshd	30
Ergota...Spurred Rye.....in bots.....pulv.1	80
Ergot, fresh..... 1	60
Erechtites...Fireweed..... ..pkd	25
Erigeron Can...Canada Fleabane.....pkd	25
Eryngium Aquatic...Corn Snake root.....	25
Euonymus...Wahoo....bark of root.....	50
" " " pulv	60
Eupatorium Perfoli...Boneset.....pkd	20
" " " pulv	30
" Purpuri...Queen Meadow...crsh	25
" " " pulv	40
" Arom...White Snake root.....	30
" Agertoides...White Sanicle.....	25
Euphorbia Ipec...Spurg Ipecac.....pulv	60
Epilobium Pal.....	50
Frasera Carol...Am. Columbo..... .....grd	25
" " pulv	35
Fraxinus Acumina...White Ash Bark....	25
Fraxinus Sambuc...Black Ash.....	25

	per lb.
Gallum, Aparine...Cleavers.....pkd	25
Gambogia...Gum Gamboge.....pulv.2	00
Gaultheria Proc...Spicy Wintergreen.....	35
Gentiana Lutea...Gentian root.....grd	30
" " " pulv	40
" Catesbei...Samp...Snake root.....	35
" Ochroleuca...Am. Gentian.....	25
Geranium Mac...Cranesbill.....grd	20
" " pulv	30
Geum Rivale...Avans root.....pkd	60
Gillenia Stip...Ind. phys. Am. Ipecac.....	30
" " " pulv	35
Gelseminum Semp...Y. Jessamine.....root	50
Glechoma...Ground Ivy..... .....pkd	25
Gnaphalium...Life Everlasting.....	30
Gossypium...Cotton...bark of root.....	75
Hamamelis, leaves...Witch Hazel.....pkd	30
" " pulv	40
Heracleum Lanat...Masterwort.....root	40
" " seed	50
Helianthemum Can...Rockrose.....	60
Hedeoma Pulegioid...Penneroyal.....pkd	20
Helonias Dioca.....Unicorn or Star root.....	30
" " pulv	40
Hepatica Amer...Liverwort.....pkd	40
Humulus Lupulus...Hops.....pkd	40
Hydrangea...Abores...Seven Barks.....crs	25
Hydrastis Can...Golden Seal.....grd	25
" " pulv	35
Hyoscyamus Niger...Henbane.....pkd	40
" " pulv	60
Hypericum Perf...Johnswort.....pkd	25
Hyssopus Off...Hyssop.....pkd	40
Ictodes Fœtida...Skunk Cabbage.....	50
" " pulv	60
Impatiens Pallida.....Jewel Weed or Wild Celandine.....pkd	25
Inula Helenium...Elecampane.....grd	20
" " pulv	30
Ipecacuanha...Brazil Ipecac, pure.....pulv.2	75
Ipomea Jalapa...Jalap.....pulv.2	00
Iris Versicolor...Blue Flag.....crushed	25
" " pulv	35
Jeffersonia Dyphylla ...Twinleaf.....grd	20
" " pulv	30
Juglans Cinerea...Butternut....bark root.....	20
Juniperus Sabina....Savin leaves.....	30
" Sabina leaves.....pulv	35
" Common. Esc.....Juniper Ber.....	12
Kalmia Latifolia...Broadleaf Laurel.....pkd	30
Lactuca Elongata...Wild Lettuce.....pkd	25
" Sativa.....Garden Lettuce.....pkd	30
Lappa Major.....Burdock root.....crushed	25
" " seed.....	30
Laurus Benzoin...Spice Bush.....twig	20
" Sassafras.....Sassafras.....bark root	25
" " " pulv	40
" " Medulla...Sas.. Pth.. oz	25
Leptandra Vir...Culver or Black root.....gr	30
" " pulv	40
Liatris Spicata...Button Snake root.	35
" " pulv	45
Leonorus Card...Motherwort.....pkd	30
Ligusticum...Lovage or Smellage.....pkd	35
Ligustrum...Prim or Privet.....pkd	30
Linum Usitat...Flaxseed.....grd	15
Liquidambar...Sweet Gum.....bork	25
Liriodendron...Tulip Tree or Yel. Pop..bark of large roots.....grd. 15.....powd	20
Lobelia Inflata Herb...Lob. Herb.....pkd	40
" " pulv	50
Lobelia Sem...Lobelia seed.....cleaned.....	30
" " powd..1	00
Lobelia Cardinalis...Card Flower.....pkd	50
" Syphilitica...Blue Cardinal.....pkd	40
Lupuline...from Hops, per oz. 16c...per lb..1	50
Lycopus Virginicus...Sweet Bugle.....pkd	30
Lycopus Virginicus...Sweet Bugle.....pkd.	30
Lycopus Europe...Wat. Hoarhound.....pkd	30
Macrotys, Racem...Black Cohosh.....grd	30
" " pulv	35
Marubium Vul...Hoarhound.....pkd	25
Melissa Off...Lemon Balm.....pkd	25
Menispermum Can...Yel. Parilla.....crshd	25
Mitchela Repens...Partridgeber vine.....pk	40

	Per lb.
Mentha Piperita...Peppermint Herb.....pkd	25
" " " pulv	40
" Viridis...Spearmint.....pkd	20
" " " pulv	35
Monarda Punc...Horsemint.....pkd	30
Monotropa Un...Fitroot.....1	00
Myrica Gale...Sweet Gale.....pkd	35
Myrica Cerifera.....Bayberry.....bark root	20
" " pulv	25
Myrrh Turc...Gum Myrrh, Turkey.....	75
" " in bots. pulv. 1	00
Nepeta Cataria...Catnep.....pkd	25
Nuphar Advena...Yel. Pond Lily.....grd	25
" " " .....pulv.	35
Nymphæa Odor.....large White Pond Lily...	20
powd	30
Ocymum Basilieum.....Sweet Basil.....pkd	40
Origanum Majoran.....Sweet Maj.....pkd	50
Osmorhiza.....Sweet Cicily.....root.....	50
Osmunda Spect...Buckhorn Brake.....	30
Oxalis Acetocella.....Wood Sorrel.....pkd	40
Panax Quinquefol.....Ginseng.....	
Pæonia Off...Peony.....root.....	60
Parthenium.....Fever-few.....pkd	40
Phytolacca Dec...Garget or Poke.....grd.	20
" " pulv.	30
" Bacca...Dried Berries.....	25
Pinus Can. Bark.....Hemlock Tree.....powd	25
" Can leaves "	30
" Pendula...Tamarac..... .....powd	30
" Strobus...White Pine.....Inner bark	25
Plantago Major...Com. Plantain.....pkd	25
" Virg...Mouse Ear Plantain.....pkd	40
Plantago Cordata .....Water Plantain..... ...	50
Polemonium Rept...Greek Valerian.....rt	30
" " powd	40
Podophyllum peltat...Mandrake.....grd	16
" " " pulv	25
Polygala Senega... Seneca Snake Root 1	00
" " pulv..1	20
Polygonum Punct...Smart Weed.....pkd	25
Polytrichum Junip...Hair Cap Moss.....pk	60
Populus Tremuloid...Quak. Aspen.....crs	15
" " powd	25
Populus Balsamea...Balm Gilead.....buds. 1	00
Potentilla Canan.....Five Finger.....pkd	25
Prinos Verticillatus...B. Alder bark.....pk	30
" " berries	30
Prunus Virginian...Wild B. Cherry.....bk.	20
" gr. 20; " pulv.	25
Ptelea Trifolia...Wafer Ash.....bark root	50
" " powd.	60
Pteris Atropurp.....Rock Brake.....pkd	30
Pyrus Malas....Sweet Apple Tree.....bark	30
Quercus Alba...White Oak.....grd.	15
Rhus Glabra...Sumach...bark root.....grd	25
" " leaves.....pkd.	20
" " berries	25
Rubus Strig, leaves...red raspberry.....pkd	30
Rubus Villosus...Blackberry...root.....crsh	20
" " bark of root.	30
Rumex Crispus...Yellow Dock.....crshd.	25
Ruta Graveolus...Rue.....pkd.	50
Sabbatia Angularis...Am. Cent.....pkd	50
Salvia Off...Sage..... .....pkd.	40
" " powd.	50
Salvia Sclara...Clarry.....pkd	30
Salix Alba.....White Willow.....	25
Salix Nig.....Black Willow.....aments.....1	00
Saponaria Off...Soapwort.....pkd	40

	Per lb.
Sambucus Can...blackberry Elder.....barks	25
" " flowers	40
Sanguinaria Can...Blood Root.....crshd	20
" " pulv,	30
Scilla Maritima...White Squills.....	25
" " in bottles.....pulv.	50
Scrophularia Mar...carpt. square.....root	25
" " leaves, pkd	30
Scutellaria Laterifol...Skullcap.....pkd,	35
" " pulv.	50
Senna Alex leaves...Alexandria Senna.....	50
" " pulv	60
Senna Amer. or Cassia Marylandica.....leaf	18
" " pulv	25
Senecio Aurens...Ragwort.....pkd	30
Senecio Gracillis...Liferoot .....pkd.	30
Silphium Perf.....Indian Cupweed.....root	30
Sinapis Niger....Black Mustard.....grd.	25
Sinapis, Mustard... Table..... .....powder.	50
Similax Sarsaparilla.....Hond. Sars.....grd	65
Salidago Odora Goldenrod.....pkd	35
Spigelia Marilandi.....Pinkroot.....	50
" " pulv	60
Spiera Toment.....Hardhack.....leaves	25
Statice Limonium.....Marsh Rosemary...rt	40
Stillingia Sylvatica.....Queen root.....crsh	40
" " pulv	50
Stramonium.....Jimson Weed.....pkd.	20
Stramonium Sem...Jimson Weed.....pkd.	25
Soap Root.....	50
Symphitum Off...Comfrey..... .....crshd	20
Tanacetum Vulg ..Double Tansy.....pkd.	30
Taraxacum...Dandelion Root.....	40
" " Herb .....pkd.	25
Tephrosia Virg...Devil's Shoestrings.....	30
Thymus Vulg...Thyme.....pkd.	50
Tilia Amer. Flor...Linn or Basw'd.....flws	75
Triosteum Perf...Fever Root.....crshd.	30
Trillium...Beth or Birth Root.....	30
" " pulv.	40
Tussilago Farfara...Coltsfoot...leaves.....pk	30
Ulmus Fulva.....Slippery Elm.....Select bk.	20
" " grd	20
" " powd.	25
" " select pulv.	30
Urtica Dioica...Nettle...root.....	30
Uva Ursi...Bearberry...leaves..... ...	25
" " pulv.	35
Uvularia Perfol...Bblwort.....root.....	50
Valeriana Off...Eng. Val....in bots.....pulv	90
Valerian...Eng..... crushed	60
Veratrum Viride...Am. Hellebore.....root.	40
" " pulv.	55
Verbascum Thapsus.....Mullein.....pkd	25
Verbena Hastata.....Vervain leaves or rt.	20
Veronia ..Iron Weed .....crshd	25
Viburnum Opulus.....High Cranberry or Cramp bark.....pkd	40
Viburnum Prunifol...Black Haw.....bark.	30
Xanthoxylum Frax...P. Ash...bark.....grd.	30
" " powd	40
" " berries.....1	00
Xanthoxylum Clav...South P. Ash.....bark	50
" " powd	60
Xanthorizza Apifol...Yellow root.....	30
Zingiber, East India...Ginger, pure East India.....powd	40
Zingiber Jam...Jamaica Ginger.....White...	60
" " pulv.	60
" African...pure Afric.....pulv	45

FOREIGN DRUGS AND CHEMICALS.

For the accommodation of many of our customers, we keep a full assortment of Foreign Medicines and Chemicals. The following list of prices, subject to the fluctuation of the market, will be found advantageous, by enabling the purchaser to make a proper selection.

Acid Acetic No. 8	per lb,	30
" Pyroligneus	"	20
" Benzoic	oz.	60
" Citric	per lb.	1 40
" Tartaric	"	90
" Arsenious, pure	per oz.	10
" Gallic	"	50
" Hydrocyanic U. S	"	25
" Hypophosphorus	"	40
" Lactic, Concent	"	1 25
" Muriatic	per lb.	20
" do C. P	"	50
" Nitric, 41°	"	35
" do C. P	"	60
" Nitro Muriatic, C. P	"	60
" Oxalic	"	50
" Phosphoric Glacial	per oz.	25
" " Dilute	per lb.	75
" Pyrogallic	per oz.	1 35
" Sulphuric	per lb.	20
" do C. P	"	50
Agaric	"	1 00
Alum	"	10
Ammonia Aqua...strong	"	20
" Spirits Aromatic	"	75
" Carbonate	"	30
" Muriate	"	30
" Valerianate	per oz.	1 60
" do Elixir	per lb.	1 25
Ammon Bromide	per oz.	40
" Iodide	"	65
Antimony, Tartrate, pure	per lb.	1 40
" Wine of	"	1 00
Arrow Root, Bermuda	"	65
" Jamaica	"	40
Arsenic	powd	" 15
" Fowler's Solution	"	35
" Donovan's	"	50
Bismuth Sub. Carb	"	60
" Ammon. Cit. Sol	per lb.	1 20
Blue Mass	"	90
Balsam Copaivia, pure	"	1 20
" Fir	"	75
" Tolu	"	1 75
" Peru	per oz.	30
Beberine Sulph	per oz.	3 75
Bismuth Subnitrate	per oz.	50
Blistering Tissue, Brown's	per can.	2 00
Borax, refined	per lb.	45
Burgandy Pitch	"	25
Boxes Pill, nested paper		25
" " wood		30
" ½ oz. Tin	per doz.	20
" 1 oz	"	25
Camphor	per lb.	1 25
Calomel	"	1 20
" Hydro, sublimed in one lb. bots		1 30
Cantharides		2 25
"	pulv.	2 50
Capsules, Copaiva, No. 1	per doz.	80
" " No. 2	"	1 60
Cassia (Cinnamon)	per lb.	85
" powdered	"	1 00
" buds	"	1 60
Castor, Russia	per oz.	1 00
Chalk, common	per lb.	10
" prepared	"	20
" precipitated	"	40
Castor in the sack	per oz.	75
Chloroform, bottle extra...Chem...pure		1 60
Chinodine	per oz.	25
Cinchona Sulph	"	65
Collodion	per lb.	2 00
" bottles	per doz.	3 50
Cocculus Indicus	per lb.	35
Copperas	"	5
Copper Sulphate	"	25
Corrosive Sublimate	"	1 25
Cewage Down	per oz.	75
Cream Tartar	per lb.	60
Creosote	per oz.	20
Corks, Vials, straight	per gross.	30
" taper	"	40
" " large	"	50
" " straight and taper	" 75,	1 50
" bottle, pint,	"	75
" demijohn	"	3 00
Corks specie	75 to	12 00
" Homœopathic	50 to	1 00
Court Plaster	per doz.	25
Eleterium	drachm.	3 00
Elixir of Opium, McMunn's	per doz.	4 00
Epsom Salts	per lb.	10
Ether Acetic	"	1 20
" Nitrous (Sp'ts nit. dulce	"	60
" Sulphuric	"	1 20
" " Concentrated	"	1 40
Emptye Capsules, No. 2	per box	75
" " 1	"	75
Ess. Jam. Ginger	per doz.	4 00
Fumigating Pastiles, Box	"	25
" Lamps	each	1 00
Farina	per lb.	25
Galls, Blue, 60 do pulv	"	75
Gin, Genuine Holland	per gal.	3 00 to 6 00
Guaiac, resin	per lb.	60
" Wood, ground	"	15
Gelatine, select white	"	1 75
" do red	"	2 25
" Cox's	per doz.	3 50
Glue Com	per lb.	25
" White	"	50
Gold Chloride, 15 gr. vials	per doz.	75
" And Soda Chloride, 30 grs	"	75
Guaiac Res	pulv. per lb.	1 00
Glycerine, pure, inodorous	per lb.	65
" No. 1	per gal.	2 50
Gum Arabic, White, selected	per lb.	1 00
" " No. 2	"	75
" Galbunum, selected	"	2 00
" Ammoniac	"	75
" Asafœtida	"	60
" " powdered, pure	"	1 00
" Benzoin	"	1 00
" Tragacanth, common	"	60
" " select white	"	1 75
" Resin Hemlock	"	1 00
Hydrarg Cum Creta	"	80
Harlem Oil, genuine	per doz	90
Hypophosphite Potassa	per oz.	40
" Ammon	"	40
" Iron	"	75
" Lime	"	25
" Quinia	"	7 00
" Soda	"	40
" Manganese	"	1 00
Iodine, resublimed	per oz.	60
Iron by Hydrogen	"	30
" Carbonate, precipitate	per lb.	30
" Proto Carbonate, Vallets mass	"	60
" Citrate soluble	per oz.	20
" Ferro Cyanide, pure	per lb	1 80
" " 1 ounce vials	per oz.	20
" Hydrated Per Oxide	per lb.	75
Iron Sulphate, pure	"	20
Iron, Strychnia Citrate	per oz.	90
" Solution, pernit	per lb.	60
" Phosphate	"	90
" Pyrophosphate	per oz.	20
" Quinia Citrate	"	90
" Persulph. (Monsels)	per oz.	20

Iron, Tartrate, Soluble.....per oz. 20
" Hypōsulphite.....
" Acetate.....per oz. 50
" Syrup Iodide.....per lb. 90
" Iodide.....per oz. 65
" Lactate.....do 35
" Per Nit. Solution.....per lb. 60
" Per Chloride do .....do 75
" Sulph. Exic .....do 30
" Tannate.....per oz. 50
" Valerianate.....do 1 35
Iceland Moss.....per lb. 20
Irish Moss.....
Isinglass, Cooper's.....per lb 1 50
" Am.....do 1 50
" Russia .....per oz. 50
Indigo.....per lb.1 75 to 2 50
Kino, true.....per lb.1 20
Lead Sugar of, pure.....
Liquorice root, select.....
" .....pulv.
" Extract, Sicily.....
" " Calabria.....
" " " pulv .....
Logwood, chipped.....
" Extract by the box.....
Lactucarium.....per oz.1 00
Lead Iodide.....do 70
... Nitrate Cryst.....per lb. 50
... Sub. Act. Solution.....do 50
... Tannate .....per oz. 50
Lime Carb., precip.....per lb. 30
... Chloride.....do 20
... Phosphate.....do 60
... Sulphite.....do 30
... Bisulph.....per gal. 35
Lycopodium.....per lb.1 50
Mace 1 75
Magnesia Carbonate.....
" Calcined 1 25
" Husbunds. .....per doz.3 80
Mercury, Iodide.....proto.per oz. 60
" do Deuto.....do 60
" Am. Chlor.....(wht. precip.)...per lb.2 00
Manna, small flake.....1 75
Morphia Acetate, Muriate & Sulph.....dr. 1 50
Nutmeg.....per lb.1 75
Oil Anise.....per oz. 85
...Bergamot.....
...Cedar.....per lb. 90
...Cajeput.....per oz. 25
...Cinnamon .....
...Cloves .....
...Cubebs .....
...Croton, Eng.....
...Hemlock.....per lb. 90
...Juniper.....
...Lavender.....
...Juniper Berries.....
...Cod Liver.....per gal.3 00
...Lemon.....per oz. 40
...Origanum, Com. 1.25,pure.....per lb.2 00
...Peppermint.....per oz. 40
...Pennyroyal.....
...Rosemary.....per lb.2 00
...Sassafras, pure.....
...Tansy.....per oz. 40
...Wintergreen.....
...Castor.....per gal.3 40
...Almonds, sweet.....per lb.1 40
...Cod Liver, pure, in pints.....per doz.8 50
...Olive or sweet, common.....per gal.2 50
... " fine Salad, large.....per doz.6 00
... " " small.....
...Copaiva.....per oz. 30
...Horsemint.....per lb.5 00
...Savin.....per oz. 20
...Spearmint.....
...Wormseed.....
...Amber.....rect.per lb.1 25
...Blk. Pepper.....per oz. 25
...Caraway.....do 30
...Chamomile.....do 2 50
...Citronella.....do 30
...Copaiva.....per lb.3 50
...Rhodium.....per oz.1 50
Oil Rose.....dr.1 00 to 2 50
...Seneka.....per lb. 25
...Spike .....do 50
...Tar.....distilled do 65
...Tobacco.....per oz.2 50
...Wormwood.....do 40
Ointment, Mercurial, half Mer.....per lb. 85
Ointment, Mercurial, third Mer.....per lb. 75
" all others of U. S. Dispen.....
Opium, per ounce.....1 10
... pulv. pure.....1 30
...Elixir, McMums.....per doz.4 00
Orange peel, ground.....per lb. 30
Orris root.....
Pepsin, Haughton's.....dry.per oz.1 00
... do .....liquid do 1 00
Pomegranate Peel.....per lb. 75
Potassa, Liquor, U. S.....do 40
... Arsenite, Fowler's Sol.....do 35
... Citrate.....do 1 50
... Sulphite.....do 75
... Bisulph.....do 1 50
Piperine.....per oz.1 80
Plaster, adhesive, spread.....per yd. 50
... all the official kinds in roll,
... or spread on skin.....
... Ising glass, roll.....
Potash, Caustic, white.....per lb.1 40
... Acetate.....
... Carbonate, Salts, Tart.....
... Bi-Carbonate, Crystals.....
... Nitrate, Saltpetre, ref. pure...
... Chlorate .....
... Sulphate, pulv.....
Potass. Bromide.....per oz. 35
" Iodide.....
" Permangate.....
Powders, Seidlitz.....per doz.3 00
... Soda.....
Quassia, Rasped.....per lb. 15
Quinine, Su. powers, Weightman's.....oz.2 60
... Valerianate.....drachm.1 00
Red Precipitate.....per lb.1 60
Rhubarb root, India.....
... pulv. pure.....
Rhubarb, Turkey.....
Rochelle Salts.....
Salacine.....per oz. 85
Santonine .....
Scammono Virgin. .....
Seed, Anise.....per lb. 40
... Caraway .....
... Fennel. .....
... Fœnugreek.....
... " pulv .....
... Cardamon .....
... Coriander.....
Silver, Nitrate, Crystals.....per oz.1 40
... Lunar Caustic, pure.....
Silver Nitrate, No. 1 (67 per c. silv.)...
Soap, Castile.....per lb. 30 to 50
Soda, Carbonate, sal. soda.....
... Chlor. Sol. Labaraques.....per doz.3 50
... Hypophosphite...P. & W.....per oz. 40
Soda Bicarb.....per lb. 15
... Sulphite .....
... Hyposulphite .....
... Sulphate.....
... Phosphate.....
... Bisulphite.....
Spermaceti .....
Sponges, all kinds.....2 00 to 4 00
Strychnia, Crystals.....drachm 60
Sugar Milk, pulv.....per lb. 85
Sulphur Roll.....
... Sublimed .....
... Vivum.....
... Precipitated.....
Syrup Hypophosphites.....per lb.1 00
... Phosphates, Com.....do 75
Tapioca.....do 25
Tannin.....per oz. 40
Vaccine Virus Scales.....1 00
Wax, White.....per lb.1 25
... Bay or Myrtle.....
Wine, Malaga.....per gal.2 00

Wine, Maderia, Sicily	per gal.	5 00
" Port	4 00 and	6 00
" Old Sherry		6 00
" Also, several other varieties		
Whiskey, Bourbon	per gal.	3 00 to 6 00
" Rye	do	2 50 to 4 50
" Scotch	per gal.	6 00
" Irish	do	6 00
Zinc, Oxide or Flowers	per lb.	50
" Sulphate, Crystals	"	20
" Valerianate	drachm	35
" Acetate	per oz.	15
" Chloride	"	30
" Iodide	"	75
" Lactate	"	60
" Carb	per lb.	65

Druggists' Shop Furniture.

FLINT GLASS.

Jars, Laquered Caps, gallon	per doz.	6 50
" half gallon	"	4 40
" quarts	"	3 40
" pints	"	2 20
" half pints	"	1 80
" 4 and 2 oz	"	1 60
Tincture Bottles, grd. stoppers		
" gallon	"	8 00
" half gallon	"	5 50
" pints	per doz	2 75
" quarts	"	3 75
" half pints	"	2 50
" 4 and 2 oz	"	2 00
Salts, Mouths, gallon	"	10 00
" half gallon	"	6 75
" quarts	"	5 00
" pints	"	3 50
" half pints	"	2 50
" 4 and 2 oz	"	2 00

When less than a box is wanted, a small advance is charged.

Funnels, quarts	each,	40
" pints	"	30
" half pints	"	20
" 4 ounce	"	15
" assorted	"	40
Graduates, 16 ounce	"	1 00
" 8 "	"	80
" 6 "	"	65
" 4 "	"	60
" 2 "	"	35
" 1 "	"	30

Green Glass,

Heavy Prescription Vials,		
Eighth, fourth, half and 1 oz	gross.	2 50
2 ounce	"	2 50
4 ounce	"	3 25
6 ounce	"	3 75
8 ounce	"	4 00
Assorted	"	3 00
Druggists' Packing Bottles,		
Half pints	per doz.	60
Pints	"	75
Quarts	"	1 20
Half Gallons	"	1 80
Gallons	"	3 00

Castor Oil Bottles, Patent Medicine Vials of all kinds, and all other Green Glass Ware at the Manufacturers' Price Current.

Instruments and Implements.

GLASS SYRINGES.

Glass Syringes, Male Cap.		No. 6	per doz.	2 00
" " "		5	"	1 60
" " "		4	"	1 35
" " "		3	"	1 40
" " "		2	"	1 20
" " "		1	"	1 20
" Female "		9	"	3 75
" " "		7	"	2 50
" " "		6	"	2 25
" " "		5	"	1 60
" " "		4	"	1 50
" " "		3	"	1 40
" " "		2	"	1 20
" " "		1	"	1 20
" curved womb, 4 oz. each				40
" " 2 oz. each				30
" Ear, each				20
Cupping Glasses			per doz.	1 50
Nipple shells			"	1 25
Pessaries			"	2 00

Metal Syringes.

PATENT.

16 oz. in cases, straight and self tubes			2 00
12 and 10 "	"		1 50
8 "	"		1 20
12 "	self womb tubes		2 00
8 "	"		1 00
6 "	womb		1 50
4 "	"		1 25
16 "	paper boxes, 1 tube		1 40
12 and 10 "	"		1 00
8 "	"		75
6 "	"		65
4 "	"		40
2 "	"		35
1 "	"		25
Female "	"		20
Penis "	"		15
Injection Pumps (Richardson) 3 tubes			1 80
" " (Mattson's)	"		2 00

India Rubber Goods.

8 ounce Syringes	each.	2 25
Large Female do	do	1 50
Male do	do	1 12
Penis do	do	75
Gum Elastic Pumps	do	1 25
Gum Pessaries, hard rubber, concave.	do	40
" do Inflated	do	75
" do do Long stem	do	75
" do do Short stem	do	65
Gum Catheters and Bougies	per doz.	3 00
Gum Stomach tubes	each	2 00

Sundries.

Mortars, Wedgewood, 3 inch	each	75
do do 4 do		1 00
do do 5 do		1 25
do do 6 do		1 50
Glass Mortars, pint	each	1 00
do half pint	do	75
do 4 ounce	do	50
Iron do turned,	½ gal.	1 75
" do do	1 do	2 50
Scales, Apothecaries	6 in.	1 25
" do	8 in.	1 50
" do Standard	6	50
" do do mov. pans		1 00
Spatulas, 3 to 12 inches	per inch.	8
Pill Machines, Brass, 24 pills		9 00
do do 18 pills		8 00
do do Wood		3 50
Pill Tiles, plain and graduated	50 to	1 25

Cork Screws, pocket	25
" Lignum Vitæ handles	50
" Pressers	75
Stethoscopes, Wood	75
" Rubber	1 25
" do extra	1 50
Speculums, Ricord's, 4 blade	14 00
" do 3 do	10 00
" Rectum	5 00
" do With hinge	5 00
" Glass, silvered	1 00
Catheters, silver; female, each	1 25
do do male	2 00
Lancets, Thumb	75 to 1 00
do Spring	1 00

SURGICAL INSTRUMENTS.

AMPUTATING AND TREPHINING.

Fine Mahogany Case, Ferruled Instruments.	$32 00

AMPUTATING.

Fine Mahogany Case, Ferruled Instruments.	28 00
Single Capital Knife	4 50
Short Knife	3 00
Bone Forceps, Liston's	3 50
Capital Saw	4 50
Metacarpal Saw	2 00

TREPHINING.

Mahogany Case	16 00
Single Trephine	3 50
Elevator	1 00
Heys Saw	1 75
Scalpel	1 00

EYE INSTRUMENTS.

Case with 9 Instruments. Ivory Handles	14 00
Single Needle	1 50
Case Strabismus Instruments	8 50
Single Knife	1 50
Single Scissors	1 75
Single Forceps	1 25

OBSTETRICAL INSTRUMENTS.

Hodges, Meigs, or Davis' Forceps	8 00
Plain Straight	8 00
Vectis	2 50
Perforators	3 25
Pacenta Forceps	3 50
Blunt Hook and Crotches	1 50
Obstetrical Case complete	20 00

POCKET INSTRUMENTS.

Compact Double Instruments, Prof. Gross	22 00
do Shell Handle	20 00
do Cocoa do	16 00
4 Fold, with double Catheter	15 00 to 18 00
4 Fold, with single Catheter	14 00
3 Fold, with combined Catheter	13 00
3 Fold, with single Catheter	11 00
2 Fold, with single Catheter	8 25
2 Fold, without Catheter	7 50
4 Fold, with double Catheter, Portmonnaie style	16 00

TOOTH FORCEPS.

Fine	1 75 to 2 00
Common	1 25 to 1 50
Tooth Keys	2 00 to 2 50

HYPODERMIC SYRINGES.

Glass, 2 tubes, gilt	5 00
Rubber, 2 tubes, plain	4 00
do 1 tube	3 00

MISCELLANEOUS.

Dissecting Cases	6 00
Single Scalpel	1 00
Single Forceps	1 00
Cupping Case	6 00
Cupping, with Sacrificator	10 00
Single Sacrificator	4 50@5 00
Gum Elastic Catheter, per doz	1 50@3 00
Tongue Depressers, silver plated	1 50
do do German Silver	1 00
Palmer's Battery	10 00
Kidder's Battery, Electro Magnetic	12 00
Craig's Microscope	2 75
Nasal Douche improved	2 00

All other Instruments of the best quality at the Cincinnati manufacturers' prices.

Dr THORP'S FEVER & AGUE TONIC

This is a new preparation that we offer to the profession after thoroughly testing it, and finding it to be the best article we have ever tried for the cure of all forms of Ague and Fever, and for Night Sweats. It is entirely free from arsenic, and all mineral poisons, being composed of Gelseminum, Macrotys, Sudorifics, and Tonics. Put up in four ounce Bottles at $7.00 per dozen, or in Bulk at $1.75 per pound bottle. We feel satisfied that one trial will satisfy every one of the great value of this preparation.

BOOK OF LABELS.

At great expense. H. M. Merrell, some years since, compiled and published a book of Labels for the Shop Furniture of Druggists and Physicians; and also lately revised, improved and extended it, adding many new Labels, rendering it very serviceable to the Medical Profession. It is particularly adapted to the Eclectic Practice, and should be in the possession of every Eclectic Physician in the Union. One edition of it is printed on fine yellow paper, in black; the other edition is printed on fine, deep, blue, glazed paper, in Bronze letters. The labels are of three sizes, designed for the different sized ware, with bold, plain letters, and neat plain border. Accompanying each book is an extensive sheet of small labels for pocket cases. The price of the Book of Yellow Labels, is $3 00; the Book of Bronze Labels is $4 00.

We are the Agents for Doctor BROWN'S RENOVATOR, an Instrument for the treatment of disease, by Acupuncture and Counter Irritation. Prices for full set, comprising Instrument, Book and Medicines, $12.00.

We are the Agents for the following Celebrated

Pharmaceutic Dragees and Granules,

TOGETHER WITH THE

Pills of the U. S. Pharmacopœia, and by eminent Medical Practitioners,

—WITH THE FORMULA APPENDED.

MANUFACTURED BY WILLIAM R. WARNER & CO.

Which we offer to the trade and to the profession at their lowest rates.

	100	500
ALOES, U. S. P.—Pulv. aloes socot. 2 grs.; pulv. saponis, 2 grs.	$ 35	$1 50
ALOES ET ASSAFŒT.—Pulv. aloes socot. 1½ grs.; assafœtida, 1½ grs.; pulv. saponis, 1½ grs';	40	1 75
ALOES ET FERRI.—Pulv. aloes socot. ½ gr.; pulv zingib. jam. 1 gr.; fer. sulph. exsic. 1 gr.; ext. conii ½ gr.	40	1 75
ALOES ET MASTICH.—See pill stomachicæ	50	2 25
ALOES ET MYRRHÆ, U. S. P.—Pulv. aloes socot. 2 grs., pulv. Myrrhæ. 1 gr.; croci stigmat. ½ gr.	50	2 25
ALTERATIVE.—Mass. hydra. 1 gr.; pulv. opii. ¼ gr.; pulv ipecac. ½ gr.	50	2 25
AMMON. BROMID. 1 gr.	75	3 50
ANDERSON'S SCOTS	40	1 75
ANTI-BILIOUS (vegetable).—Pulv. ext. coloc. C. 2½ grs.; podo. ¼ gr.	70	3 25
ANTI-CHILL,—Chinoidine, 1 gr.; fer. ferrocyan. 2 grs.; ol. piper nig. 1 gr.; arsenic. 1-20 gr.	1 20	5 75
ANTIMONII COMP. U. S. P.—See pil. plummer	40	1 75
APERIENT,—Ext. nux. vom. ¼ gr.; pulv. hyoscyam. ½ gr.; pulv. coloc. C. 2 gr.	85	4 00
ASSAFŒTIDA, U. S. P.	40	1 75
" 2 gr.	40	1 75
BISMUTH. Subnit. 3 gr.	75	3 50
" Subcarb. 3 gr.	75	3 50
" and gnatia—Bismuth subcarb. 4 grs.; ext. Ignatia amara ¼ gr.	1 50	7 25
CALOMEL. ½ gr., 1, 2, and 3	40	1 75
" 5 grs	50	2 25
CALOMEL ET OPII.—Calomel. 2 grs.; opium, 1 gr.	85	4 00
CALOMEL ET RHEI,—Calomel. ½ gr. ext. rhei ½ gr.; ext. coloc. c. ½ gr.; ext. hyoscyam. ½ gr.	75	3 50
CATHART. COMP. U. S. P.—Ext coloc. comp. 1¼ grs.; ext. jalapæ 1 gr.; calomel, 1 gr.; pulv. cambogiæ, 2-9 gr.	70	3 25
CATHART. COMP. Vegetable—Podo.; ext. colocynth, virgin scammony; aloes, soap and ginger	75	3 50
CHAPMANS'S DINNER PILLS—Pulv. aloe soc.; pulv. rhei opt.; gum mas.	60	2 75
CERII OXALATE. 1 gr.	1 00	4 75
CHINOIDIN. COMP.—Chinoidin 2 grs.; Ferri sulph. exsic. 1 gr.; piperina ⅛ gr.	1 00	4 75
CINCHON. SULPH. 1½ gr.	75	3 50
COOK'S, 3 grs.—Pulv. aloes soc. 1 gr.; pulv. rhei, 1 gr.; calomel ¼ gr.; sapon. hispan. ¼ gr.	50	2 25
COLOCYNTHIDIS COMP. 3 gr. U. S P..	80	3 75
COPAIBÆ, U. S. P. 3 grs.	50	2 25
" ET EXT CUBEBÆ,—Pil. copaibæ. 3 grs.; oleo-resin. cubebæ. 1 gr.	80	3 75
COPAIBÆ. COMP.—Pil. copaib; resin guaiac.; ferri cit.; oleo-resin cub...	80	3 75
CHINOIDIN, 2 gr.	50	2 25
DIURETIC.—Sapo hispan. pulv. 2 grs.; sodæ carb. exsic. 2 grs.; ol. baccæ. junip; 1 drop	50	2 25

	100	500
EMMENAGOGUE,—Ergotine 1 gr.; ext. helleb. nig. 1 gr., socot. aloes. 1 gr.; ferri sul. 1 gr.; ol. sabina ¼ gr.	1 40	6 75
FEL. BOVINUM,-Ox-gall .2 grs.; pow. jamaica ginger 1 gr.	50	2 25
FERRI, (Quevenne's) 1 gr.	50	2 25
" " 2 grs.	75	3 50
" CARB. (Vallett's) U. S. P. 3 gr.	40	1 75
" CITRAT. 2 gr.	50	2 25
" COMP. U. S. P.	40	1 75
" IODID. 1 gr.	65	3 00
" LACTAT. 1 gr.	50	2 25
" PYROPHOSPH. 1 gr.	40	1 75
" ET QUAS.—Fer. per hydro. 1½ grs.; ext quassiæ 1 gr.; ext. nux. vom. ¼ gr.; pulv. saponis, ½ gr.	75	3 50
FERRI ET QUIN. Cit 1 gr.	75	3 50
" " " 2 grs.	1 40	6 75
" ET STRYCHNIÆ,—Strych. 1-60 gr.; fer. per hydrog. (Quevenne's) 2 grs	75	3 50
FERRI ET STRYCHNIA CIT.—Strych. cit. 1-50 gr.; ferri cit. 1 gr.	75	3 50
GAMBOGIÆ COMP.—Pulv gambog.; pulv. aloe socot.; pulv. zingib. jam.; saponis	40	1 75
GENT. COMP.—Ext. gent. ¾ gr.; aloe socot. ¾ gr.; pulv. rhei 1½ grs.; ol. carui, 1-5 gr.	40	1 75
GONORRHŒA—Pulv. cubebæ. 2 grs., bals. copaib. solid. 1 gr.; ferri sulph. exsic. ½ gr.; terebinth. venet 1½ gr.	60	2 75
HEPATICA,—Pil, hydrarg. 2 grs.; ext. coloc. comp. 2 grs.; ext. hyoscyam. ½ gr.	80	3 75
HOOPER, (Female pills) 2½ grs.	40	1 75
HYDRASTIN ¼ gr.		
HYDRARGYRI, U. S. P. 3 grs.	40	1 75
" 5 grs.	50	2 25
IODOFORM ET FERRI.—Ferrum per hydro. 1 gr.; iodoform 1 gr.	3 25	16 00
IPECAC, ET OPII, 3½ grs. (pulv. doveri, U. S. P.)	50	2 25
IPECAC ET OPII, 5 grs.	65	3 00
IRISIN COMP. — Irisin, ¼ gr.; podoph. 1-10 gr.; strychnia, 1-40 gr.	50	2 25
LEPTAND COMP.—Leptandrin, 1 gr.; irisin, ¼ gr.; podo. ¼ gr.	1 00	4 75
LUPULIN, 3 grs.	40	1 75
MAGNESIÆ ET RHEI. (1 gr. each)	40	1 75
NEURALGIC.—Quinia sulph. 2 grs.; morphia sulph. 1-20 gr.; str. 1-30 gr.; acid, arsenious, 1-20 gr.; ext. aconite, ½ gr.	3 25	16 00
OPII, U. S. P. 1 gr.	1 00	4 75
" ET CAMPHORÆ,—Pulv. opii, 1 gr.; camphoræ, 2 grs.	1 10	5 25
OPII ET CAMPHORÆ ET TANNIN—Pulv. opii, ¼ gr.; camphoræ 1 gr.; acid. tannic, 2 grs.	1 10	5 25
OPII ET PLUMBI ACET.—Pulv. opii ½ gr.; plumbi acet 1½ grs.	1 00	4 75
PODOPHYLLIN,—Podo. 1 gr.; soda bi-carb. 1 gr.;	75	3 50
POTASS BROMID. 1 gr.	75	3 50
" IODID 2 grs.	85	4 00

	100	500
QUINLÆ Sulph. ½ gr.	85	4 00
" " 1 gr.	1 40	6 75
" " 2 grs.	2 75	13 50
" " 3 grs.	4 00	19 75
" COMP.—Quin. sulph. 1 gr.; ferri carb. (Vallett's) 2 grs.; acid arse. 1-60 gr;	1 75	8 50
QUINIÆ et Ext. Belladon.—Qui. sulph. 1 gr.; ext. belladon, ½ gr.	1 75	8 50
QUINIÆ et Ferri.—Quin. sulph. 1 gr.; ferrum per hydrog. (Quevenne's) 1 gr.	1 75	8 50
QUINIÆ et Ferri et Strychniæ—Quin. sulph. 1 gr.; ferri carb (Vallett's) 2 grs.; strych. sulph. 1-60 gr.	1 75	8 50
QUINIÆ et Ferri Valer. 2 grs.	3 50	17 25
QUINIA ET FERRI CARB.—Quinia 1 gr.; ferri carb. 2 grs.	1 75	8 50
QUINIÆ et HYDRARG.—Quin. sulph. 1 gr.; mass. hydrarg. 2 grs.; oleo-resin. piper. nig. ¼ gr.:	1 75	8 50
RHEI, U. S. P.—Pulv. rhei, 3 grs.; pulv. saponis. 1 gr.	75	3 50
RHEI COMP. U. S. P.—Pulv. rhei, 2 grs.; pulv aloes socot. 1½ grs.; pulv. myrrh. 1 gr.; ol. menth. pip.	75	3 50
RHEUMATIC.—Ext. coloc. c. 1½ gr., ext. colchici acet 1 gr., ext. hyoscyam. ½ gr.; hydg. chlor. mit. ½ gr.	90	4 25
SANTONIN, 1 gr.	1 00	4 75
SCILLÆ COMP. U. S. P.—Pulv. scillæ ½ gr.; pulv. zingib. jamaica, 1 gr.; gum ammoniac, 1 gr.; pulv. sapo. 1½ grs.	50	2 25
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CAULOPLYLLIN, 1-10 gr.	40	1 75
CIMICIFUGIN, 1-10 gr.	40	1 75
DIGITALIN, 1-60 gr.	75	3 50
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" Ignatia Amara, ¼ gr.	50	2 25
" Cannabis Indica, ¼ gr.	60	2 75
" Hyoscyamus, (Eng.) ¼ gr.	40	1 75
" Nux Vomica, ½ gr.	40	1 75
GELSEMIN, ½ gr.	50	2 25
" ¼ gr.	75	3 50
HELONIN, 1-10 gr.	50	2 25
LEPTANDRIN, ¼ gr.	40	1 75
" ½ gr.	50	2 25
MERCURY Iodide, ¼ gr.	40	1 75
" " Red, 1-16 gr.	40	1 75
MORPHIA Acet. ½ gr. Acet. Morphia.	1 00	4 75
" Sulphate, 1-10.	90	4 25
" " ¼ gr.	1 00	4 75
" " ⅛ gr.	1 25	6 00
" " ¼ gr.	1 60	7 75
" Valerianata, ¼ gr.	1 40	6 75
PODOPHYLLIN, 1-10 gr.	40	1 75
" ¼ gr.	40	1 75
" ½ gr.	50	2 25
PODOPHYLLIN COMP.—Each contains podo. ½ gr.; ext. hyosciam. ⅛ gr.; ext. nux vomica, 1-16 gr.	75	3 50
POTASS. Permangan, Cryst. ½ gr.	50	2 25
QUINIA Valerianate, ¼ gr.	2 00	9 75
SILVER Nitrate, ¼ gr.	75	3 50
" Iodide, ¼ gr.	75	3 50
STRYCHNIA, 1-30 gr.	40	1 75

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EDITED BY

JOHN M. SCUDDER, M. D.

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ECLECTIC MEDICAL JOURNAL.

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ORIGINAL COMMUNICATIONS.

ART. XLIV.—*On the Specific Action of Medicines*: BY JOHN M. SCUDDER, M. D. (First Paper).

Many persons are in error in regard to *our* use of the term *specific*. They think of a *specific medicine*, as one that will cure all cases of a certain disease, according to our present nosology, as pneumonitis, dysentery, diarrhœa, albuminuria, phthisis; and a person looking at the subject in this light, and guided by his experience in the use of remedies, would at once say there are no specifics.

We use the term *specific* with relation to definite pathological conditions, and propose to say, that certain well determined deviations from the healthy state, will always be corrected by certain specific medicines.

A disease, according to our present nosology, may be formed of one, or of a half-dozen or more distinct pathological changes, bearing a determinate relation to one another. We do not propose to reach all of these by one remedy, except in those cases in which one lesion is primary, and the others result from it. But on the contrary, we propose a remedy for each pathological feature, using the remedy for that first which is first in the chain of morbid action, and that second which stands second, and so on.

As an example, we analyze a case of fever, and find it to consist of a lesion of the circulation, a lesion of innervation, a lesion of secretion, a lesion of the blood, and a lesion of nutrition; each of these are regarded as distinct elements of the disease, but in the order named,—the one depending upon the other to a certain extent. A remedy that will rectify the lesion of circulation, will sometimes be sufficient to arrest the ntire chain of morbid phenomena—as we notice in the simple

fevers. Or a remedy that will correct the lesion of the blood—this being primary and the cause of the various morbid processes,—will be a *specific* for all, as when quinine arrests an intermittent or remittent fever.

But in the severer types of disease, we find it necessary to use a remedy or remedies for each pathological feature. Thus, we employ one to correct the lesion of circulation, one to correct the lesion of innervation, special remedies to increase secretion, to correct lesion of the blood, etc. Instead of one remedy to arrest the disease, according to the ordinary use of the term specific, we employ a number of different agents, which are none the less specific, for they meet distinct features of the diseased action.

To employ remedies in this way, it is requisite that we analyze the disease according to present nosology, determining definitely the elements that go to form it, and their relation to one another.

And secondly, that we know the direct influence of remedies upon the human body, both in health and disease; that we use them singly or in simple combinations; that we do one thing at a time: that first which is first, that second which holds the second place, and so on.

If one expects to obtain the advantages of *specific* medication, he must not associate it with *indirect* medication. The direct sedatives, with free podophyllin catharsis—veratrum in pneumonia, with nauseants, blisters, etc., are incompatible. Success comes from one or the other alone. If I use *direct* medication I use it alone, and if I use *indirect* medication I use it alone. If we propose to treat a case of croup with aconite, we do not use nauseants; if we propose to cure a case of cholera infantum with ipecac and nux vomica, we do not want astringents.

But we go further into the analysis of diseased action as expressed by symptoms, than many suppose. The success of direct medication comes from the definiteness of diagnosis—determining the *exact* condition of a function or part.

To illustrate, it is not sufficient in selecting a sedative to know that the pulse is frequent, using alike veratrum, aconite, digitalis, gelseminum, or lobelia. Frequency is but one element of the lesion: and we have to determine in addition the strength or weakness of the circulation, the degree of obstruction of the capillary circulation, and the condition of the nervous system that controls this function. Thus, when there is strength with frequency we employ veratrum; feebleness with frequency, aconite; excitation of the nervous system with strength and frequency, gelseminum; atony of the nervous system and tendency to stasis of blood, aconite and belladonna; feeble impulse from the heart, without capillary obstruction, digitalis, etc.

It is not sufficient to know that the tongue is coated, indi-

cating an impairment or arrest of digestion. We make this secretion give us the history of blood lesions, as well as of gastric and intestinal derangements. We learn, that *pallid* mucous membranes with white coat demand alkalies; that *deep* red mucous membranes and brown coat call for acids; that dirty-white, pasty coat requires the alkaline sulphites, etc. It is not necessary to continue this illustration further, for the reader will see by the above that *specific medication* requires *specific diagnosis*, and that it will be successful just in proportion as we become skilled in this.

It is true that almost any one can use veratrum and aconite successfully, for the conditions are so prominent that they can not be mistaken; or any one may successfully prescribe aconite in sporadic dysentery for cold; ipecac in the diarrhœa of children; collinsonia or hamamelis for hemorrhoids; collinsonia for ministers' sore throat; cactus for heart disease; pulsatilla for nervousness; staphysagria for prostatorrhœa; eryngium aquaticum for cystic or urethral irritation; apocynum canabinum for dropsy, etc., etc. These remedies have an extra value attached to them, because the conditions indicating them are so easily determined.

Yet the reader will learn with surprise that ten years since, with but one exception, not one of these agents were used for the purpose named. In 1860, 10 lbs. of the crude root of collinsonia supplied the market for a year; now one house gets in 10000 lbs. for the year's supply.

Classification of Remedies.—I have been in doubt in regard to the best plan of arranging the remedies in this study. Evidently the old classification will not serve our purpose, for it deals with indirect action; and the influence of remedies in poisonous doses. We have not advanced far enough to make a new classification; at least, to make one that would facilitate our study. I have therefore, concluded to take up the different articles in alphabetical order, and so far as possible make a brief review of our entire materia medica.

When a remedy has no especial value, it will be named so; and when it seems to have a specific action, not fully determined, this will be pointed out for future experiment. Self-deception is a very unprofitable pursuit, and great care will therefore be employed to insure accuracy, and no statement made unless pretty thoroughly proven.

The best preparations, and the best process for office manufacture will be given, also the form in which we deem it desirable to use them.

When we have thus given the materia medica a review, we will be better able to make a classification. This can readily be done in a synopsis, referring to previous numbers for full description.

Abies Canadensis, (*Hemlock*).—This agent has been employed

in medicine for a long time—the bark in decoction as an astringent, the foliage in hot infusion as a diuretic and diaphoretic, and the oil as a stimulant local application. It undoubtedly possesses valuable properties. The following properties and uses are suggested to those who live where it may readily be obtained:

1st. A tincture of the recent *inner* bark in diluted alcohol; use in general asthenia with palid mucous membranes, and feeble digestion: also, in diseases of the respiratory mucous membranes.

2nd. A tincture of the foliage in dilute alcohol; use in irritation of the urinary organs, and in disease of the skin.

Æsculus Glabra, (*Buckeye*).—The buckeye has been used to but a limited extent in medicine, yet its activity is such (as a poison), that it will probably prove very valuable when thoroughly studied. In my boyhood, I well remember persons carrying "buckeyes" in their pockets as a sovereign cure for "piles," and at a later period as a remedy for rheumatism. Doubtless this suggested the first use of the Æsculus in medicine.

It has been used in the treatment of hemorrhoids with much success, and I am satisfied that in some forms of the disease it is the most certain remedy we possess. I have also given it in a few cases of diseased uterus with good results—cases in which the entire organ was enlarged, the cervix tumid, and too frequent recurrence of the menstrual flow.

The marked influence of the Æsculus on the nervous system would suggest a line of experiment likely to lead to the development of valuable properties. It has already been employed as a stimulant to the nervous system in some cases of paralysis.

We may reason in this way: a remedy that cures hemorrhoids must exert a powerful influence upon the circulation. Whilst its poisonous action, often witnessed—vertigo, diminished sight, wry neck, fixed eyes, paralysis, convulsions, etc., show its influence upon the nervous system.

Preparation.—Whilst the bark possesses medicinal properties in considerable degree, and may be used, a tincture of the nuts will probably be the best preparation.

Take of the recent nuts, fully ripened, four ounces; bruise them thoroughly, and cover with alcohol 76° one pint; let it stand for two weeks; strain and filter.

Of this tincture add from one to two drachms to four ounces of water—the dose being one teaspoonful.

Æsculus Hippocastanum (*Horse Chestnut*).—The bark of this variety has been employed to a limited extent as a tonic, and possesses feeble antiperiodic powers. Quinine being employed to break the chill, this agent was sufficient to prevent its recurrence. The pulverized kernel has been used as a sternutatory for the relief of headache and facial neuralgia. The nuts were

also thought to possess some special influence over hemorrhoids and rheumatism.

The influence upon the nervous system is similar in kiud to the buckeye, though not so active. This probably will be its best field of action, standing midway between belladonna on the one hand and nux vomica on the other.

It exerts the same influence upon the circulation as the Æsculus glabra, and has been successfully employed in the treatment of hemorrhoids. It will doubtless be found to improve the circulation generally, and may be employed whenever there is want of power in the heart, capillary stasis, or tendency to congestion.

Preparation.—Take of the recent nut, fully ripe, four ounces, bruise it thoroughly, and cover with alcohol 76° one pint; let it stand fourteen days and filter.

Dose, two to four drops, in water.

ART. XLV.—*Malpractice in the Management of Dislocations, and Fractured Injuries:* BY A. JACKSON HOWE, M. D.

In the management of fractures and dislocations—accidents every country physician feels in duty bound to treat—the difficulty in discovering the nature of the injury, and the impossibility of always obtaining perfect recoveries, frequently lead to vexatious litigation. Patients failing to secure complete physical and functional restoration after passing through the hands of their medical attendants, rarely of their own will and accord, think of seeking pecuniary redress by a process at law. However, there are always plenty of individuals influenced by one motive or another, who will incite the sufferer to commence an action. Once engaged in a suit, he feels aggrieved a hundred fold. A rival practitioner of medicine and surgery, to berate his competitor, declares every trifling defect a clear case of malpractice, and promises his testimony to that effect in the event of a litigation. Lawyers, ambitious for a lengthy docket, are ever ready to lend their influence to forward any enterprise that promises a fee. The more obscure the patient the easier he is induced to engage in a scheme which has in prospect notoriety and pecuniary reward. Fortunately for those who accept the management of dislocations and fractured injuries, very few verdicts are rendered in favor of the plaintiff in cases of alleged malpractice. Intelligent juries, in the progress of trials, discover the *animus* of the prosecution, and refuse to sustain personal and professional malignity. Courts are discreet in instructing juries that the highest order of skill in a given case can not be demanded. The *average* of professional skill and attention is all that can be required. Ordinarily, in the management of surgical injuries, very little skill, *on the average*, is manifested, therefore a moderate display

of care and ability is sufficient to ensure a verdict for the defense.

In cities and large towns a higher order of skill is expected than in rural districts, where opportunities for observation and experiment are necessarily limited. Carelessness and neglect are inexcusable, whatever be the standing and experience of the practitioner. If the patient, nurse, or other person interfere with the dressings and treatment, or fail to carry out the physician's orders in any important feature, the medical attendant is not responsible for results. If medical men were to be held strictly accountable for imperfect recoveries following injuries and surgical operations, few practitioners would hazard their reputation and property in cases involving the risks of alleged malpractice. Patients would call in vain for surgical aid at a time when professional services might be of vital importance.

Rare and obscure cases, simply because they are such, are not to be declined by medical men. The physician can fortify himself against perplexing litigation by explaining in advance, to the patient and friends, the difficulties and dangers of the case; and by suggesting that a perfect recovery need not be anticipated. There may be doubts about the nature of the injury, and the result, yet the responsibility of taking professional charge of the case must be assumed by somebody. If a physician, when called upon to manage a surgical injury, decline to assume the responsibilities of the case, the patient must seek attention from other members of the profession. There is no law compelling a physician to render professional services. Sense of duty, or policy, generally leads a medical man to accept the charge of all cases to which he is called. Unfortunately his ambition sometimes induces him to engage in the management of injuries that he does not understand; and his pride prevents him from acknowledging the fact, and declining the responsibilities clinging to his professional character. Some practitioners will not undertake the management of fractures and dislocations; knowing that such injuries frequently demand the greatest skill and experience, and having a strong aversion to the troubles attendant upon malpractice suits, they prefer to let such accidents pass into the hands of those making pretensions to surgical knowledge.

That eminent surgeon and surgical writer, Dr. Samuel D. Gross, says, in his "General Considerations" upon the subject of Fractures: "There is no class of injuries which a practitioner approaches with more doubt and misgiving than fractures, or one which demands a greater amount of ready knowledge, self-reliance, and consummate skill. Constant in their occurrence, and often extremely difficult of diagnosis and management, they frequently involve consequences hardly less serious and disastrous to the surgeon than the patient himself. If I

were called npon to testify under oath what branch of surgery I regarded as the most trying and difficult to practice successfully and creditably, I should unhesitatingly assert that it was that which relates to the present subject, and I am quite sure that every enlightened practitioner would concur with me in the justice of this opinion. I certainly know none which requires a more thorough knowledge of topographical anatomy, a nicer sense of discrimination, a calmer judgment, a more enlarged experience, or a greater share of vigilance and attention; in a word, none which requires a higher combination of surgical tact and power. As for myself, I never treat a case of fracture, however simple, without a feeling of the deepest anxiety in regard to its ultimate issue; I can not retire at night or rise in the morning without a sense of discomfort, so long as I am conscious that, despite my most assiduous attention and my best directed efforts, my patient is likely to become deformed and lame for life. If this feeling were more general, it is easy to perceive that there would be comparatively few cripples from this cause, and comparatively few suits for malpractice, unfortunately so common of late years, in this country, and so disreputable to the profession. A crooked limb, rendered so by injudicious treatment, is an unpleasant sight to a sensitive surgeon, reminding him constantly of his bad luck, his want of skill, or his inattention; not unfrequently it is a standing, living, speaking monument of his disgrace, planned by his own mind, and erected by his own hands. I would certainly not be understood by these remarks, that it is always in the power of the surgeon to cure these accidents without deformity or impairment of function. To utter such a sentiment would be contrary to all experience and common sense. There are cases, and indeed, they are not unfrequent, where it is impossible to avoid such occurrences; cases where injury to bone, joint, and soft parts is so severe and complicated as to render any other result totally impracticable, however attentively and scientifically they may be treated. The physician can not cure all diseases; such is their character that they must, of necessity, prove fatal; and of such as do not terminate in this manner, there are many which, notwithstanding the most skillful management, sadly cripple the patient for life. The only difference between the surgeon and physician under such circumstances, is, that the former is often, blamed if not severely censured, for the result of his treatment, perhaps long, arduously, and anxiously continued, while the latter often receives nothing but commendation and praise, when he may be no more entitled to it than the other. Every one thinks he can judge correctly of a surgeon's skill, but very few persons attempt to fathom that of a medical practitioner."

There are but few injuries to the bones and joints that are difficult to diagnose, or to manage successfully.

Fracture of the Inferior Maxillary.—A fractured inferior maxillary is not easy to keep adjusted unless a silver wire be used to draw together the teeth on each side of the separation. The common dressing, with paste-board and a bandage, will not hold the fragments sufficiently quiet to secure a rapid bony union. If a patient, after several month's treatment, found himself suffering with a false-joint in the jaw, or with osseous union, one fragment not on a level with the other, he might claim damages of his medical attendant.

Fracture of the Clavicle.—A fractured clavicle rarely results in false-joint, though angular defect is a common sequence of such an injury. However, the functions of the parts implicated in the accident being mostly restored, and the deformity being concealed by the dress, the medical attendant seldom is severely censured for the result, even if he be careless and unskillful.

Dislocation of Shoulder.—A dislocated shoulder is sometimes overlooked by reputable surgeons. The injury is seemingly an accident easy to discover, yet the fact that undiscovered luxations of the shoulder are so frequently met after having passed unobserved through experienced hands, shows that great care and discernment are requsite to recognize the true nature of the injury. The rigid state of the arm, and its position, together with the salient prominence of the acromion, determine pretty accurately the nature of the injury. In the most common dislocation of the humerus—inward or forward, the head of the bone resting beneath the coracoid process (subcoracoid),—the upper extremity of the arm encroaches upon the axillary region and rests nearer the thorax than it normally does: the elbow is held off from the body, by the action of the deltoid, and the forearm is partly flexed by the tension of the swerved biceps. The head of the humerus having left its socket, the surgeon's fingers can be pressed into the hollow space beneath the acromion,—a valuable diagnostic manœuvre. The patient can use the arm in quite a sweep around as high as the waist, but can not reach the neck or chin without a painful effort. Measurements from the acromion to the olecranon show that the arm is about the same length as the other, being lengthened to the extent of a third or half an inch—the distance the free extremity of the coracoid projects below the top of the socket. If the dislocation be *downward*, the head of the humerus resting beneath the socket (subglenoid), a rare form of luxation, the measurement from the acromion to the olecranon is increased an inch and a half, or the whole diameter of the socket. The position of the arm, and the restrictions of motion, are about the same as in the subcoracoid dislocation.

In the outward dislocation, which is exceedingly rare, the head of the humerus can be distinctly felt outside the socket; the upper extremity of the arm is too far from the chest, and

the elbow will be too much in front of the thorax, and restricted in its motions backward. The distance from the acromion to the olecranon, will be about the same as in the normal condition of the arm.

Either form of dislocation can be readily overcome by proper manipulation while the patient is under the influence of chloroform. No pulleys or mechanical contrivances to multiply force can be used without danger of lacerating blood-vessels and other soft parts; the humerus has been broken by the reckless employment of unnecessary violence. The arm is the lever and the acromion the fulcrum, which are instrumental in the force of a fall, in rupturing the capsular ligament. In reducing a luxation of the shoulder, the arm must be carried to the position it occupied when the dislocation occurred, for then the head of the bone will be in a place where it can readily return through the rent in the capsule of the joint. After the limb is carried to the position it was forced to assume at the moment of displacement, the thumb, hand, or foot of the surgeon may be employed as a fulcrum, and the arm as a lever to facilitate a return of the dislocated bone.

In a few weeks or months of continued displacement the rent in the capsular ligament becomes partially or completely obliterated, and the head of the humerus united, by the organization of reparative lympth, to the bloodvessels, nerves, and other adjacent structures, which renders reduction more or less unsafe. A surgeon would be justified in attempting a reduction if the luxation were of a year's standing. The arm should be rotated and manipulated with the object of gently separating the abnormally joined tissues before the direct effort of reduction is made. A dislocated shoulder that has been out of place only a few months, can not certainly be reduced. Much depends upon the muscularity of the patient, and the amount of inflammation that has existed. In a few favorable instances efforts at reduction have been successful when the bone had been displaced two and three years.

Fracture of the Condyle.—A very common injury is fracture of one of the condyles of the humerus. The accident generally occurs to the internal condyle by direct violence, as by a fall, the elbow striking heavily against some hard substance; and to the external condyle, by indirect violence, as in an effort, during a fall, to save the trunk by throwing out the hand to lessen the shock. The force received by the hand is conveyed through the radius to the humerus, and splits off the outer condyle. The swelling is considerable, and other deformity moderate, so that the inexperienced practitioner might look for a sprain, not suspecting a fracture. Flexion and extension are not impaired, though all motion is attended with great pain; rotation of the forearm is not prevented. Crepitation, that convincing proof of fracture, can generally be obtained by

grasping the condyles in one hand, and forcing a variety of movements of the injured limb with the other. In case of fracture of either condyle the joint will admit of more lateral motion than natural, and the mobility will appear to be a little above the articulation.

To adjust the fragments requires very little skill, for there is rarely any considerable displacement. If the arm be brought into an easy semi-flexed position the separated condyle is drawn, by muscular contraction, into nearly its natural position. The arm may be bandaged from the fingers to the shoulder, to prevent undue action of the muscles; and a well adjusted piece of sole-leather or paste-board, extending a few inches above and below the elbow, while the joint is semi-flexed, and bound in place with a bandage, is, perhaps, as serviceable a dressing as can be applied. The object of the dressing is to secure repose of the limb in one position until bony union of the fragments takes place. Ordinarily the osseous reparative material is deposited, in fracture of the condyle, at the expiration of three weeks from the reception of the injury. As soon as practicable, which is generally about the twentieth day, the dressing should be permanently removed, and the joint subjected to moderate passive motion. This is to prevent anchylosis, and to re-establish the natural functions of the joint. The superabundance of reparative material thrown about the articulation is at length removed if pressure be brought to bear upon it by frequent and prolonged efforts at forced flexion and extension. Passive motion should be employed twice or three times a day for six months, or until the functions of the joint are restored.

The people think if a broken bone be properly "set," and the fragments be held in place until they have "knitted," that nothing can go wrong or prevent a perfect recovery of parts and functions. Therefore, when a physician is called to assume the responsibilities of a fractured condyle, he should clearly explain to the patient and friends that the adjustment of the fragments and the keeping of them in place, are only a part of the treatment, and that the passive motion, after the splints and bandages are removed, is of the utmost importance. The dangers of anchylosis should be discussed, and the responsibilities of the case placed where they belong. These precautions on the part of the surgeon may save him from the charge of malpractice and the trouble and expense of litigation.

Fracture of one or both Bones of the Forearm.—Fragments of broken bones will not only unite with one another, but the reparative action may weld the pieces to other bones in the immediate vicinity. The radius and ulna are so far separated, except at their extremities, that if one of these bones be broken at a distance from the articulations, and the

fragments be confined in opposition, and away from the other bone, the union will be of fragment to fragment, and the natural rotation of the limb will not be lost. To maintain the proper relations of the two bones, after fracture of one or both, no bandage should be employed until two splints, *wider than the diameter of the limb*, are placed along the front and back of the arm. The splints may be padded, and proper compresses should be applied to push distorted parts into line or position; then, being placed along the limb, from the elbow to the fingers, or even beyond, they, by their width, protect the arm from the circular compression of the bandage—the limb receives only *lateral* compression, which tends to wedge the radius and ulna apart. A roller bandage placed snugly upon the forearm after fracture of the shaft of either bone, would force the fragments against the sound bone, and into a close group if both bones were broken, where they may unite *en masse*, forever destroying the function of rotation. A fractured forearm circularly compressed with a tight roller bandage, or treated with splints so narrow as to allow of circular compression, is maltreated, whether the two bones unite so as to prevent rotation or not.

Fracture of the Neck of the Femur.—A fracture of the neck of the femur, wholly within the capsular ligament, is not likely to unite with bony union. A patient with such an injury, not knowing the cause of the fibrous union, is prone to suppose that there is malpractice in the treatment. The surgeon, therefore, should inform the patient at the outset what kind of a union might be expected. If osseous union takes place contrary to the expectation of all interested, the patient is disposed to give great credit to skill manifested in the treatment. The "wire breeches" is an apparatus well adapted to fulfill the indications in the management of fracture of the neck of the femur. Sand bags along the outside of the limb and moderate extension have secured good results. Long splints and complicated dressings are not well borne.

Fracture of the Shaft of the Femur.—Surgical writers and teachers speak of *oblique* and *transverse* fractures of the femur as if one form or the other always occurred, and as if it was of vital importance to make a distinctive diagnosis in every case,—the presumption being that a transverse fracture, if properly adjusted, would remain in place, the ends of the fragments resting against each other; and that in an oblique fracture the obliquity of the ends of the fragments would favor shortening, one fragment readily shifting upon the other. If a fracture was always oblique or transverse, it would be difficult to distinguish between the two in a bone as deeply buried in flesh as the femur. But a case of fracture purely oblique or purely transverse rarely, if ever, oc-

curs. If the fracture is received by indirect violence, as in a fall, the patient striking on his foot, the force extending up the leg to a point which yields, the lesion of bone will have a preponderance of obliquity; and if the injury come from direct violence, as from a blow, the fracture will be nearly transverse. However, the fracture coming from either cause, will not be wholly transverse or wholly oblique, but partake of the character of both in combination.

There are several ways of treating fracture of the shaft of the femur, each having reputable advocates. The "long splint," reaching from the axilla to a point several inches in advance of the foot, is generally employed in hospitals as a means of applying extension and counter-extension to obviate shortening, the thigh being dressed with splints and secured to the long splint which passes along the outside of the limb.

A box or complicated splint, with a hinge at the knee, constituting a double inclined plane, can be employed to secure extension and counter-extension and an easy position of the limb,—motion at the seat of fracture being prevented by the use of short splints and a bandage.

Another method is to secure a fastening at the knee or ankle, with adhesive strips, to which a cord is attached that extends over the foot of the bed and sustains a weight for extension. The foot posts of the bed may be raised, to give the patient's body an inclination in the opposite direction for counter-extension. The thigh is to be dressed with splints and bandages, and sand-bags may be employed to support the limb along its sides.

Dressed in whatever manner, the leg should be measured every few days and compared with the other, to determine if the mechanical appliances be accomplishing all for which they were designed. The dressing, including the extending and counter-extending forces, should be kept up for four, five, or six weeks, or until the surgeon is satisfied that complete bony union has taken place. A too early removal of the dressing is about sure to be followed by shortening, though at the time the limb is undressed the union may seem to be well consolidated. By the contraction of the muscles and the transposition of osseous particles at the seat of fracture, shortening gradually takes place in limbs that have been perfectly treated for five or six weeks. A thigh that has been shortened three-quarters of an inch by fracture makes the patient lame at first, but by wearing a higher heel to the shoe, and from the twist that takes place in the pelvis, the halt is chiefly remedied. A half inch shortening is generally all overcome in a year.

Suits for the recovery of damages are not unfrequently commenced after a bad recovery of fracture of the shaft of the femur, but rarely result to the advantage of the plaintiff.

Failure to secure bony union is also claimed by a meddlesome

attorney as sufficient ground for suit against the surgeon at whose hands the defect is charged. However, few surgical witnesses of experience and character can be found who would declare that false-joint after fracture could positively be avoided. Those medical men who have had the least experience with fractured injuries, are generally the most certain that pseudarthrosis can be avoided.

Fracture of both Bones of the Leg.—Fracture of the tibia through its lower third, and of the fibula through its upper third, constitutes an injury that may not be fully diagnosed. The broken tibia being quite apparent, and the fibula being sound at all points in the vicinity, the careless or inexperienced surgeon might fail to discover the break in the small bone. Believing that the tibia alone was broken, and knowing that shortening cannot take place unless both bones are fractured, he does not guard against the muscular contraction. A fall from a height, or a leap from a carriage, if it break the tibia, is about certain to break the fibula high up in the calf of the leg, where the bone, by being well covered with muscles, is hidden from observation. Such an injury, if not diagnosed and properly managed, is likely to heal in a shortened and twisted manner. Litigation quite frequently grows out of such defects. A proper appreciation of fractures of both bones of the leg would save a surgeon from censure and expensive verdicts.

Pott's Fracture of the Fibula.—Fracture of the fibula through its lower fifth, complicated with dislocation of the tibia, lacerating the internal lateral ligament of the ankle, or breaking of the internal malleolus, is a common injury, and one that requires considerable skill and attention in the treatment. A splay-footed individual with Pott's fracture rarely recovers without a defective ankle. The joint remains weak, and the foot flops about as if the space between the malleoli was too wide. In this complicated injury, no bandage should be used to compress the leg, lest the fragments of the fibula be forced against the tibia. Two splints may be used along the sides of the leg, reaching from the knee to the bottom of the foot. Their upper ends may be padded with cotton and fastened in place with tapes or adhesive strips. A compress should be placed between the inside splint and the tibia, just above the ankle, and another between the outside of the foot and the lower end of the outside splint. A bandage well applied to the foot and ankle, so as to hold the splints in place, and to force the foot inward, completes the dressing. Dupuytren's single splint, with the compress against the tibia above the ankle, and a bandage so applied as to incline the foot inward, will effect good cures, though it is not equal in several respects to the dressing just recommended.

The several fractured injuries and dislocations mentioned in

this paper cover all the cases that are overlooked or maltreated; and if they be well studied by the practitioner of medicine and surgery, who in the practical discharge of his professional labors is ever liable to place his property and peace of mind in vexatious litigation, much trouble and expense may be saved, and perhaps his patients will be more intelligently served.

ART. XLVI.—*A few Cases of Difficult Diagnosis.* By JOHN A. THOMAS, M. D., Pleasant Hill, Ill.

CASE 1. I was called to see a traveler, æt. about 55 years; sanguine-bilious temperament. The external symptoms were so plain (as I thought) that it was not necessary to diagnose closely, so that auscultation and percussion were erroneously omitted. He was expectorating freely a purulent matter, with all the symptoms of the last stage of phthisis. I made a prescription and left, supposing my strange friend, who stopped for the night, would live for several days. I was summoned again the next day. On my arrival, my patient smilingly told me he was better and would yet live to reward me and the landlord for our trouble. Upon examination, I found him in a dying condition. I informed the landlord that the old man would live but few hours. He informed the old man, who said he was willing to go. He had no friend on earth to whom he wished a line addressed. (His whole estate consisted of a razor and a whetstone.) I ordered active stimulants. In a few hours my patient was dead. As there were none to object, I had no difficulty in procuring the privilege of a post mortem examination. I thought I had seen several such cases, and had some anxiety to see exactly the pathological condition of the lungs at that stage of the disease.

Accordingly I proceeded to remove the sternum, when, to my astonishment, I found the heart floating in fluid and the entire chest full, so that I had to dip out the water before I could proceed. I took out the entire lungs and washed them in water; found them perfectly normal, without any trace whatever of tuberculosis. The heart was enormously hypertrophied, with an enlarged liver.

In this case, the heart and liver being much enlarged (with perhaps two gallons of fluid in the chest) would necessarily diminish the calibre of the lungs and produce cough, dyspnœa, etc., and, I would suppose, a mucous expectoration; but from whence did the purulent matter emanate? The liver, though enlarged, contained no trace of ulceration. I am certain there was no hidden source about the lungs, as they were cut through in every direction. I think there was nothing about the throat or stomach to account for the purulent matter expectorated. This case taught me a lesson never to be forgot-

ten. Since that time I have been a little more careful in my manner of diagnosis.

If physicians would be candid enough to report their failures, it might profit the profession, in some instances, as well as to report their success. In this case, however, my patient would have lived no longer had I known exactly the pathological condition of the abdominal and thoracic viscera.

CASE 2. Zach. Davis, æt. 35, sanguine temperament, called at my office; bent over, unable to straighten his back; said he was suffering some pain in the lumber region. I supposed it was of rheumatic origin and prescribed accordingly medicine internally and externally, and supposed that would be the last of the case (unless he chanced to pay the bill.) In about two weeks my patient again made his appearance at my office; no better, but rather worse. I then waked up fully to the case; made a thorough examination and prescribed accordingly.

In about two weeks more, I was called to visit my patient. I found him lying on the floor on his back, which seemed to be the only place or position in which he could lie; his limbs were flexed upon the abdomen; suffering great pain in the spermatic cord of the right testicle, which was slightly swelled; also very severe pain in the region of the kidneys and mesenteric glands; tongue slightly coated; pulse 120; profuse sweat and no fever. I now began to think the symptoms very grave and the diagnosis and *prognosis* a little doubtful. I left another prescription and returned home in a profound study about my patient. In a few more days I was called again, and continued to visit my patient every few days, until I was convinced that I should fail, and strongly urged counsel. Dr. S. was called. At this time our patient was about as before described, all the symptoms becoming more grave. There was but little pain or swelling over the kidneys posteriorly, but terrific pain in front of the mesentery, just below the kidneys. Dr. S. and I differed a little in our diagnosis. Dr. S. thought the difficulty was in the kidneys, and that accounted for the pain in the testicle and cord. I contended there was something else the matter, what it was I could not exactly tell, whether it was cancerous stricture of the intestine or a scirrhous condition of the mesentery. I was satisfied all the trouble was not from a pathological condition of the kidneys. We agreed, however, upon a course of treatment, with no expectation of improvement on my part.

This state of affairs continued for a few days, with no improvement in our patient. Dr. B., partner of Dr. S., was then called, and I was "left out of the ring." The patient grew worse rapidly. Dr. M., of Missouri, an old and eminent practitioner, was then called, who pronounced it disease of the kidneys, said the right kidney was entirely decayed and the left nearly in the same condition, to which the other doctors, I understood, agreed.

Our patient sank rapidly; jaundice and general anasarca supervened, and "death closed the melancholy scene." A post-mortem was procured 24 hours after death, and I was again called "into the ring," as it was the patient's request to me, before his death, that I should examine his body after death. Drs. S. and B. and myself rode out together. I remarked to them that we would find a kidney in both sides, with but little if any decay. After preparing our subject, we drew off two or three gallons of fluid and proceeded to expose to view the abdominal and thoracic viscera. Great anxiety was manifested by all present to see what was the matter. To the great astonishment of some present, the right kidney was as sound as a new dollar, and the left nearly in the same condition. We found a large mass of hard, yellowish (for the want of a better name I will call it) schirrho-tuberculous matter, including the mesentery, perhaps the whole mass would have weighed ten pounds; also a lump as large as a quail's egg, through which the spermatic cord passed, or rather the deposit was formed around the cord, which accounted for the pain in the testicle. The liver was atrophied, scirrhous, and thickly studded with the same deposit as before mentioned, about as large as a hen's egg; also some small traces of the same in the substance of the lungs. Our only astonishment was, how the poor man lived so long, and I think his disease was beyond the reach of all the boasted powers of medical skill. I never expect or wish to see another such case, but if I should, I think I should recognize it immediately. It is possible that, by a course of the most powerful alteratives, deobstruents, etc., life might have been prolonged, if treatment had been commenced vigorously as soon as the incipient stage of the disease was developed.

I have been rather tedious in describing this case as it was certainly one of rare occurrence, and hoping that it may be some advantage or satisfaction to the young physician.

CASE 3. I was called to treat a little girl, Mary Sinklear, 4 years old. I found her suffering from inflammation of the right nasal membrane, from which was discharging freely a thin purulent, acrid matter, which excoriated the surface wherever it touched it. I examined my patient; could find no foreign substance in the nostril, and was assured by her parents there was nothing. I prescribed, with every expectation of success. My patient grew rather worse for a few days. I made a second prescription, with no better success. In a few more days Dr. M. was called, who said if he could not succeed in five days he would practice medicine no more! Accordingly the Dr. "spread himself" for the time specified. The girl grew decidedly worse. What was now to be done? Her parents took her to Missouri, to Dr. B., an eminent surgeon and physician, who examined the case thoroughly, and after speak-

ing disparagingly of the Illinois doctors, promised success as positively as Dr. M. After treating the case a week with no improvement, our little patient returned no better, perfectly and justly discouraged. She was directed to take alteratives and trust to the powers of the "*vis medicatrix naturæ*." This course was continued a few days, her parents much dejected, when, to their great joy and surprise, the little sufferer, in coughing, disclosed the long sought trouble. A piece of calico about six inches long and a half inch wide was dislodged from the diseased nostril!

I am not so much surprised that I did not detect the foreign substance, but I am surprised that it escaped the keen research of such an eminent surgeon as Dr. B., after knowing that two other physicians had failed. Let us be more careful in diagnosis. I am ten years older now than I was then.

CASE 4. The following case is a very novel one, I will admit. I will relate it, however, just as it occurred:

In January last, I. Doman, living on my farm, æt. about 60 years, sanguine-bilious temperament, called at my office for medical treatment; complained of a dull, heavy pain in the region of the kidneys, with soreness and swelling in front. I administered anodyne diuretics. I was not able to make out the diagnosis fully, as I could detect no disease of the kidneys or bladder, and supposed the symptoms would pass off in a few days, and there would be no more trouble in the case. In about a week the old man returned, still complaining. The pain then seemed to be lower down, along the course of the ureters, with slight swelling and tenderness in front. I could not make out my case satisfactorily; thought it possible there might be urinary calculi passing into the bladder. I made another prescription (the old man was not suffering severely.)

My patient returned occasionally afterward. The pain continued, though very slight, until it reached the neck of the bladder, after which the pain and swelling gradually diminished until about the 15th of April last, when on waking one morning the old man found something protruding from the penis. He immediately repaired to the light, when, to his great astonishment, he found it to be a common brass pin emerging through the urethra head foremost! He immediately brought it to me, and I examined it thoroughly. I found it much worn, slightly crooked. I think at least half the pin by weight had worn away, apparently by friction; it certainly had traveled a long journey. Doman now has this pin in his possession; he says it has sailed "around Cape Horn."

As we sometimes refer to comparative anatomy and physiology, and make experiments upon animals generally, I will relate a case that I saw some years ago in the State of Virginia, having some little analogy to the case just related. My father

killed a hog fattened from slops, etc., from the table. A large darning-needle was cross-wise through the center of the hog's heart. It was rusted, corroded, and the substance of the heart adhering fast to the needle. How the needle obtained its position, or how the pin in Doman's case took its curious route, I shall leave others to conjecture, and shall close this series for the present; and if any thing I have written shall make the young practitioner more careful in diagnosis, my object will be attained.

ART. XLVII.—*Fistula in Ano:* BY M. F. MOORMAN, Jamestown, Ohio.

Fistula in ano is no longer the stubborn disease which so often baffled the skill of the most experienced surgeons of former days; not however, because of any change in the character of the disease, for it is the same now that it ever has been; but because of a change in the mode of treatment, which brings this disease as fully under the control of the surgeon as any other of equal importance, if not more so. The patient is no longer subjected to the hazardous and painful operation by the knife; neither is he confined to his room; but may, while under treatment, follow his daily avocation. There are persons, afflicted with this disease, who have not the necessary means of support independent of their daily labor; in such cases, it may require a little more time to effect a cure; yet, the physician should not refuse to undertake them on that account.

For an example, I report two cases: one, a blind external fistula, of four years standing, in a man forty-three years old, of consumptive diathesis, with constitution considerably impaired. During the time, he had been treated by different physicians; but to no advantage. To improve the general health I adopted an alterative course of treatment, with a tolerably free use of Ale; to destroy the callosity of the pipe I used a strong solution of Caustic Potassa, introduced by means of a sponge of proper size. This patient was under treatment about nine months, when a cure was effected; it is now nine years since he was cured and the disease has not reappeared. This patient was allowed to attend to his ordinary business while under treatment. He did not contract intemperate habits, as some might suppose, from the use of Ale; but remains a sober, industrious farmer.

The other case was a complete fistula, of two years standing; in a soldier twenty-six years old: contracted while in the cavalry service, and supposed to be caused by riding on a hard saddle. This patient was subjected to very painful treatment by army surgeons, without receiving any benefit, and was then discharged as incurable. He then applied to a surgeon in civil

life, from whom he received another very severe course of treatment; was compelled to lie on his back for several weeks; but no benefit was received, and he left, a poor emaciated wreck of his former self in both body and purse; in this condition he came to this part of the country and placed himself under my treatment; which was as follows: ℞ Comp. Syr. Stillinga, Oj.; Iodide of Potash, ℥ij. mix. Dose, a teaspoonful three times a day, before eating, with Ale; occasionally, local treatment—Caustic Potassa, applied in solution by means of a silver probe, until something larger could be used; fastened a piece of sponge of proper size on the end of a probe, saturated it with the Caustic solution, and passed it up the pipe every other day. When the pipe became much inflamed applied Elm poultice until the irritation was subdued, and then used the Caustic in the same manner; thus proceeding until the callosity was destroyed and there was a disposition to heal. Then cleared the bowels by physic. Prepared an egg-shaped tampon of sponge, fastened a string to one end of it, and then oiled the tampon and introduced it up the anus, just above the sphincter muscle, leaving the other end out, by which the sponge was to be removed when desired; applied a bandage so as to keep the tampon from being expelled; enjoined quiet, and a low diet for a few days, or until it became necessary to evacuate the bowels, which in this case was five days; during this operation work was suspended, but at no other time. The fistula healed; the patient was under treatment six months; but in four months afterwards it partially returned, owing to a small portion of the callous remaining about midway the pipe; this was a blind fistula. I made an external opening by the application of Caustic; I then had an external blind fistula to treat, which took two months to cure. It is now over one year since a complete cure was made, and the patient remains well without any signs of its returning. This man tended fifteen acres of corn, besides other ordinary work on a farm, and had to walk three miles every other day to my office for treatment. Then if, under such adverse circumstances, chronic fistula in ano can be cured, why may not nearly every case? I am satisfied that if a failure is made, it will be from one of two causes: first, improper treatment; second, from an incurable constitutional disease, most likely to be of pulmonary character.

ART. XLVIII.—*Anthrax*: By J. A. MUNK, M. D., Washington, Ohio.

True carbuncle is a very severe malady; but fortunately not of very frequent occurrence. In its severe forms it presents great malignancy and does not readily yield to treatment. In common parlance this term—carbuncle—is applied to the

severer forms of furunculus, but which is improperly applied, for unless its malignant character is manifest it may be considered simply as a boil. In severity and manner of production it borders on carcinoma, attacking persons of enfeebled constitutions, produced through excesses and depraved habits, or severe physical or mental labor.

It makes its appearance simply as a small phlegmon, situated usually either on the neck or shoulder; but which can not be reduced by the means usually employed in such simple cases; but continuing to progress, extending its borders slowly but surely. The tumor is an accumulation of fungoid material which always has a base from which it springs, and as its cells develop and become rapidly multiplied it assumes large dimensions. In connection with these local characteristics the general health becomes considerably affected, which is not usually the case in a simple boil.

The progress of the disease can only be controlled by a complete removal of the morbid mass, "root and branch." This extirpation can be accomplished by the knife, or its entire disorganization with Potassa Fusa. The latter process is preferable, for by the use of this caustic there is a greater certainty of entirely destroying the morbid mass than by the employment of the knife alone, and it also affords better stimulation for healthy granulation to ensue. To illustrate more fully I will describe a very severe case recently treated:

Mr. W., aged 53 years, of a bilious lymphatic temperament; was called to see him on June 27th. I found him prostrate—already in a critical condition. On his right shoulder immediately over the scapula there was an enlargement extending over a considerable surface. Its elevated face in extent being four inches square, which was covered by innumerable small points which upon slight pressure became ruptured, and pus of an ichorous character exuded; in the space of a few hours these points of rupture would fill again, but remained only as small pustules. In the center of this surface was a small indolent ulcer which had been the point of commencement, and had appeared as a small boil. The entire tumor was hard, of a schirrus nature, consisting of dense fibrous tissue; the patient suffered excruciating pain and felt greatly debilitated. The features looked haggard and pinched, and was greatly emaciated, the appetite was altogether gone. Mr. W. had at first refused to have medical aid, thinking he could probably control it by employing domestic means, or at length "wear it out," as he expressed it. Treatment: I at once made use of the stick Caustic Potash and cauterized the whole surface, which was directly involved, carrying it down as deep as the diseased tissue extended. This was followed by a large poultice of ground Ulmus. Directly the severe pain ceased, and sleep procured for the first time for several days. The poultice to

be renewed as often as necessary—three or four times a day. Internally I prescribed, ℞ Podophylin, gr. iij.; Ext. Nux Vomica (dried), gr. j.; Hydrastis, gr. xvj.; M. Make eight powders; give one every four hours to promote the appetite and regulate the bowels; also, Quina and Iron as a tonic. Under this treatment amendment rapidly took place. These means were continued until the eschar had sloughed off. I then applied locally a solution of Permanganate Potash ℥j. to Aqua Oss., and used as a wet dressing in connection with the Elm poultice. The fœtor was at once removed, and laudable pus developed. Healthy granulations were rapidly produced; and the tendency to fungus development arrested. The Permanganate of Potash is indeed a valuable agent in these cases, and can be relied upon to produce a favorable condition for a speedy cure; a sufficient substitute could not readily be found to maintain a healthy condition of the ulcer, by preventing any fungous excrescences and a proper stimulation for granulation. Tonics and restoratives, as beef tea, etc. were given during the entire course of the disease. The Black Healing Salve was substituted for the wet dressing when nearly healed, and not much more pus present. Under its use the small ulcer that remained healed kindly, and in six weeks from the commencement, was all healed up nicely.

ART. XLIX.—*Treatment of Epilepsy:* BY I. J. M. GOSS, M. D., Jefferson, Georgia.

With a correct pathology the rational treatment is suggested, that is, such remedies as will allay excitement of the brain; such remedies as will prevent determination to the brain, and calm that exalted impressibility. The cures that have been made have been by that class of remedies. In the commencement of our treatment we should always ascertain the exciting cause and remove it, then we should quiet the brain. If there is crude injesta in the stomach, an emetic may be given; if constipation be present a cathartic may be given. And in cases of children, if worms be the exciting cause, they should be removed. If teething be the cause, the gums should be split down to the protruding teeth. Whatever may be the exciting cause, it should be removed at once, to insure a cure. In cases of long standing, where the morbid impression is confirmed, the treatment will have to be such as will directly control the morbid excitability of the brain. And of that class of remedies many have been reported as successful, such as Cypripedium, Scutellaria, Stramonium, Quinia, Bromide of Potassa, and Bromide of Ammonium, etc. In prescribing for epilepsy, after removing any exciting cause, we should suit our remedies to meet the morbid conditions of the brain that are found always to exist. As there is a perternatural deter-

mination of blood to this organ we must have a remedy to counteract that tendency; Bromide of Potash and Ammonium have that effect. As there exists an exalted excitability we must counteract that also. Cypripedium and Scutellaria, Belladonna, Quinia, and the Prusiate of Iron have that effect. And there have been many other remedies, that have one or the other of these effects, that have been successful in curing this disease. Opium would control the impressibility, but its tendency to congest the brain contraindicates its use, and hence it will not answer in the disease. I have treated the disease with a combination of the Bromide of Potash and Cypripedium and Scutellaria with the happiest success. I give the saturated tinctures of both in drachm doses, with from five to ten grains of the Bromide of Potash every three or four hours. I have used, also, the Tinctures of Assafœtida and Stramonium with success. Also, Quinia and the Prusiate of Iron, etc.

ART. L.—"*The Line of Advance:*" BY S. H. POTTER, M. D. Hamilton, Ohio.

PROF. SCUDDER:—The leading editorial in the *Eclectic Medical Journal* for August, has the above caption; and because the remarks are pertinent and suggestive you will please allow me to extend them.

Eclectic medicine never has been, and never will be fully defined, for the obvious reason, it means *progress* in the fullest acceptation of that term. If one advances more rapidly than another they can not of necessity be exactly together, but the principle is the same to all. The spirit which actuates, or ought to stimulate them to action, we admire. We should progress as rapidly as possible, within the bounds of safety.

One thinks it his duty to use no remedy that can be construed as a poison; a second calls himself a "Botanic," a step in advance, but uses none other than vegetable remedies; while a third may be a disciple of Dr. Curtis, believing that inflammation and fever are desirable physiological manifestations, to be promoted, and not checked or subdued. And a fourth may find it for his interest to inculcate such ideas among his patrons, though too well informed to believe them himself or put them in practice. A fifth is a stickler for the teachings of Beach, Morrow and other founders of modern Eclecticism, although none of them ever definitely stated what the system of practice comprises. A sixth takes pathological grounds for the exposition of his views, and practices according to that principle. Now here is a variety of variations and all held by good and true Eclectics. Who will assume the responsibility of becoming the expounder of the real faith?

Fortunately we are liberal in sentiment and can afford to each the right to be his own expounder in matters of medical

faith. As a whole we do not believe that fever is an action to be promoted by every measure at our command; but all of us hold that disease is a depressed state of the vital forces, and in its removal, we, in accordance with that theory, should endeavor to sustain and exalt the vital action, and not further depress it by bleeding and strangling it with devitalizing agents, as our Old School brethren have so long been in the habit of doing. Here arose the necessity for reform, the reason of our astonishing success and early wide-spread popularity.

We all agree in another important particular—a natural dislike of Old School remedies. The feeling arises from the disastrous recklessness with which many of their agents and agencies have been employed. We have still good and sufficient reasons for discarding Mercury, Antimony, and bloodletting as curative means. We all believe in husbanding the resources of nature, not squandering them, especially when disease is producing waste.

One of us, actuated by a common principle and the best of motives, may use one remedy or set of remedies to accomplish a given object; another employs different measures and arrives at the same end. Has either a right to dictate to the other, or denounce the other as a traitor to the true faith? No, we all claim, not only great liberality, but glory in independence of thought, investigation and action. Heresy and ex-communication are not terrible to us any longer, while we see medicine as well as religion, is breaking the chains long *binding, by authority.*

Every enterprising worker in the cause of science is seeking to "*advance the line,*" until the fight with prejudice and illiberality is won, and their mission is fulfilled. Let no ambitious spirit fear that this good work will not last his life-time and long after he is forgotten. I may claim to be a veteran in the cause of medical progress, and although mighty strides have been taken in the right direction during the time of my humble experience, yet there remains work enough for my successors. The best of us all have attained to little of what we ought to accomplish, and are, in my opinion, but children in the infant class of the great school of progress. Let us unite all our energies and talents then to "advance the line," and not waste a particle of them in useless tirades against each other.

In conclusion allow me to suggest, to think well of each other is good; to speak kindly of each other is better; but to act kindly one toward another is best of all, and the only true way to "advance the line" of medical progress.

PERISCOPE.

On Nervous Dyspepsia: By Arthur Julius Pollock, M. D.

The following are the symptoms of nervous dyspepsia: The patient will complain of pain in the chest or "heart," which goes right through to her shoulders, and is often so bad that she can scarcely breathe. It comes on in spasms, and is often accompanied by palpitation of the heart, giving rise to a fear that that organ is affected. These pains usually occur after food or drink, and sometimes even a cup of tea will bring them on. There will often be a good deal of wind in the stomach and bowels, which latter are generally constipated. The urine is high-colored and scanty, or thick, the tongue coated as a rule with a yellowish fur, though it will not unfrequently be found quite clean or unnaturally red. She is sick at times, occasionally bringing up her food, but often nothing but water. The appetite is bad, the breath foul, and there is an unpleasant taste in the mouth, especially on waking in the morning.

The nervous symptoms are very various: great lowness of spirits and depression; anxiety without cause; an undefined dread of some impending evil; hot flushes and chills; the noise of her children distracts her; she can not walk out in the streets, as the air feels "too strong" for her, and the number of people makes her very nervous; there is frequently headache, generally referred to the vertex, which she describes as feeling hot; her head "opens and shuts" at times; sometimes there are strange noises in the ears; icy chills run up the spine; there are curious sensations in the stomach and abdomen, as if something alive were in the bowels; flutterings about the epigastrium; a ball rising in the throat, etc. The catamenia are sometimes regular, sometimes occuring at intervals of three months or longer; and if the latter, the patient will attribute many of her uncomfortable sensations to "those things flying about her." Not uncommonly such a patient will have ceased to be poorly for a year or two.

The treatment of such a case is sometimes very simple and satisfactory; a few doses only of medicine, and a strict attention to the diet, bringing very great relief. More often, perhaps, the symptoms are rather obstinate, and it may take some weeks to effect much improvement. If the bowels are costive, the water thick or high-colored, and the tongue coated, Dr. Pollock generally begins by giving a mixture containing three grains of Carbonate of Ammonia, half a grain of Ipecacuanha powder, three grains of Rhubarb powder, twenty grains of Bicarbonate of Potash, to one ounce of Peppermint water—three times a day, half an hour before meals; adding to it, if

the nervous symptoms are prominent, half a drachm to one drachm of tincture of Valerian. With this he orders some pills—the pil. Aloes et Assaf. of the British Pharmacopœia, five grains at night, when necessary; or if the bowels are pretty free, five grains of Assafœtida every night. Dr. Pollock has reason to believe that Assafœtida is often very useful as a nervine tonic, and in assisting to expell the wind; and he has been asked over and over again to give some more of "those" pills, in spite of their nasty smell and taste.

If there is much sickness, Bismuth and Chloric Ether may be of great service, with or without the Rhubarb and Potash, and especially in those cases where the tongue is unnaturally clean. The author has not found much benefit from prescribing the liquor Potassæ in nervous dyspepsia, nor from the dilute Nitro-hydrochloric Acid in the early stage, though at a later period this acid, with the compound infusion of Gentian, is most useful in giving tone to the stomach. When the tongue becomes clean and the stomach less irritable, Quinine will often complete the restoration to health; but he feels sure, from frequent experience, that it is worse than useless in the early stages, when the tongue is thickly coated, and the stomach very sensitive.

The most important part of the treatment consists in great attention to the diet, and without which we can not expect much from drugs. The food should be light and nourishing; it should be well chewed before it is swallowed; plenty of time should be taken over a meal, and not much food taken into the stomach at one time. It is difficult, from the circumstances of many patients, to get all this attended to; but most of them can do something towards it. Dr. Pollock thinks with regard to beverages, that, as a rule, it is best to avoid beer, by which he means malt liquor of any kind; and to replace tea, which is often drunk in excess, by cocoa and plenty of milk. Weak cold brandy and water may be taken with advantage at dinner in many cases. With regard to beer, several patients have told the author that it is their only comfort, and seems to support and warm them; but he believes these feelings of comfort and support are usually dearly purchased by subsequent acidity and flatulence. Most dyspeptics have no appetite for breakfast, and, Dr. Pollock conceives, suffer a good deal in consequence from emptiness and flatulence. He has reason to know that taking breakfast for a few mornings, even much against the grain, will eventually create a desire for food at that time of the day; and as it is, perhaps, the most wholesome meal of any, much comfort will ensue. The author adds that heavy suppers are most injurious.—*Lancet.*

Treatment of Delirium Tremens: By William M'Crea, M. B., London, Eng.

Believing that congestion and inflammation of the membranes of the brain were the true cause of delirium tremens, Dr. M'Crea began in December, 1864, to use leeches in the aggravated cases, applying twelve under each ear; the effect, he says, was very striking and beneficial, the excitement being greatly reduced, and very often, sleep following very rapidly the application of the leeches. In some cases an aggravation of the symptoms came on again, and again twenty-four leeches were applied with corresponding benefit. In one case a third application of twenty-four leeches was necessary, with the effect of permanently controlling the disease. For the last three years (1865, 1866, and 1867) this practice has been pursued. The patients usually arrive at the Melbourne gaol about three or four o'clock in the afternoon. Dr. M'Crea sees them at once, and all cases are subjected to one uniform treatment. An emetic is first given; after it has ceased to operate, cold affusion is extensively applied to the head, and, if the emetic has not acted on the bowels (which it often does), a brisk purgative of Sulphate of Magnesia is given. The patient is then put to bed in a quiet room, under the care of night nurses, who supply him with drink (tea or cold water), and keep a succession of wet cloths to his head during the night. In the morning, should the disease show no signs of yielding, twenty-four leeches are at once applied. During the course of the day, cold affusion is repeated at intervals of six hours, and if the bowels are not acted on, the purgative is repeated. If the symptoms are aggravated towards night, and the delirium becomes more violent, the leeches are repeated; but unless this is the case, another night is allowed to elapse before the second application of leeches is had recourse to. Then, if there has been no sleep, or signs of the disease yielding, the leeches are applied. As before stated, a third application may be necessary. The absence of any great amount of debility subsequent to the application of a large number of leeches was remarkable, and contrasted favorably with those severe cases which had been previously treated without the application of leeches.

The result of this practice is very striking, the mortality for the last three years till December, 1867, having been 1.1, or little more than one per cent.; and for the first seven months of the present year (1868) the mortality has been *nil.*

In the statistical statements of the Melbourne Hospital for the eleven years ending December, 1867, there were 278 cases of delirium tremens treated, the mortality being 37 cases, 13.3 per cent. Dr. M'Crea has no doubt these cases were all severe attacks. The mode of treatment is not stated.

Dr. M'Crea asks that the application of leeches, in such cases as require them, be not delayed beyond twenty-four hours after the commencement of the attack. The conditions to which the patients in the gaol were subjected were uniform in all modes of treatment—viz: perfect quiet; diet, for the first twenty-four hours, arrowroot and tea; afterwards, beef-tea, bread and tea; cold water for drink; and lastly, an entire absence of stimulants.

Progressive Muscular Atrophy, Cured by Galvanization: By Dr. Nesemann, Magdeburg, Eng.

A workman, aged nineteen, some months after a normal attack of measles, from which he had perfectly recovered, complained of a weakness in the arms. In three weeks this had increased to absolute paralysis, and in the fourth week he had also paresis of the legs.

On admission into hospital there was found great emaciation of the whole body, caused by atrophy of the muscles, the wasting being especially noticeable in the muscles of the hands, and, most of all, in those of the balls of the thumbs, and in the deltoids. Voluntary movement was totally lost in the arms, but the hands were not bird-claw like. In the legs there was only paresis, the extensor muscles being most affected. Faradaic contractility of the muscles was everywhere diminished, and was in direct proportion to their remaining volume and degree of voluntary power. Cutaneous and muscular sensibility were normal, as also were the functions of the cerebral nerves, the bladder, and the rectum.

The diagnosis of progressive muscular atrophy was confirmed by "*harpooning*" the deltoid muscles.

During the next two months the disease made rapid progress, and as the paralysis advanced atrophy increased, and faradaic contractility diminished: but respiration, appetite, digestion, and sleep remained unaffected. During this time faradization was used to the muscles individually.

Three months after the patient's admission the treatment by galvanism was begun, and the cervical sympathetic was daily galvanized for ten minutes. Slight improvement was noticed after only a week's treatment. Motor power increased in the legs first; but it was not till six months after the commencement of galvanization that the patient could walk even imperfectly. It was nine months before he could use his arms at all; but after a year the improvement was rapid. The muscles grew in bulk simultaneously with their gain in power. Galvanization was discontinued at the end of sixteen months, but improvement continued, and two months later the patient was perfectly well. On his discharge from the hospital a fragment of muscle was again *harpooned* out of the deltoid. The

transverse series of the muscular fibres were well and clearly marked, but here and there some minute oil-globules were seen between, and in otherwise normal fibres. Then, as six months previously, the nerve fibres, visible in the several preparations, appeared to be perfectly normal.—*Berl. Klin. Wochenschr.*

Treatment of Asthma by Belladonna: By Hyde Salter, M. D.

For the last two years Dr. Salter has used this drug extensively, and is so satisfied with the results that he thinks it worth while to publish a few of his cases, in illustration of its value and of his method of employing it.

The peculiar excellence of Belladona as a sedative in asthma consists in its power of diminishing reflex irritability—a power which it appears to Dr. Salter to possess in a greater degree, in proportion to its other sedative effects, than any other sedative.

Dr. Salter believes that one reason why belladonna has not had a greater reputation as a remedy for asthma is that it has not been given in large enough doses. He thinks that, like Lobelia, it must be given in doses sufficiently large to produce its physiological effects, otherwise we have no right to say that it has been fairly tried, or to conclude that it has been a failure if it has not achieved a cure. Dr. Salter thinks to give ten minims three times a day in some mixture is simply worthless.

The advantages of administering it in the way Dr. Salter has described are:—

1. That, giving it at night, you bring the full force of the drug to bear upon the disease at the time at which it is most liable to come on, and thus, if you are successful, tide your patient over the critical time.

2. By gradually feeling your way up to the required dose, you are able ultimately to reach without fear a dose which you would be unwilling to prescribe without such a tentative approach.

3. In those cases in which the therapeutical dose is reached before the physiological—that is, in which the asthma yields before the sight or head is appreciably affected—it enables you to stop short as soon as relief is obtained, and thus spare your patient any of the disagreeable effects of the drug.

4. By giving it once in twenty-four hours, you are able to give a larger dose than you would be able to do if oftener repeated.

5. By confining the dose to bedtime, the patient's days are, in spite of a large dose, passed in comfort; for, as the morning advances, the dullness of head, confusion of sight, and drought of mouth pass away.

6. You are thus enabled to find out what is the dose for the individual—a very important point. People differ very much in their tolerance of Belladonna. Some of Dr. Salter's patients have been unable to take more than twenty minims once in the twenty-four hours, without very unpleasant symptoms; while he has known others able to take a drachm three times in the same interval without any inconvenience. And as they differ in their tolerance of the drug, so do they differ in the dose at which their asthma will yield. The only way to ascertain what that dose is, is to make each case a separate experiment.

7. By giving the remedy three or four hours before the attack is likely to come on, the treatment becomes *prophylactic*. If by taking a dose every night for thirty nights the attacks have been for that time prevented, the patient has ceased to be an asthmatic for a month. This is a very different thing from having had thirty attacks in the same time which have been cut short by the remedy. In all "habitual" diseases, in which the recurrence keeps up the tendency, prophylactic treatment has, in relation to final cure, a pre-eminence it does not possess in diseases in which habit has no place. For such diseases it is *the* treatment. It does more than spare your patient an attack of his malady; it breaks, *pro tanto*, that chain of sequences which is the very life of the morbid tendency.—*Lancet.*

Inhalation of Carbolic Acid for the Treatment of Phthisis: By William Marcet, M. D.

Dr. Marcet states, that considering the phenomena of chemical decomposition which must take place in the diseased portions of the pulmonary tissue in phthisis, owing to their low state of vitality, it occurred to him that if an antiseptic agent could be introduced into the lungs without interfering with the general functions of the body, the progress of the disease might be arrested, or its mortality diminished. He therefore decided to try carbolic acid in the *form of spray*, as that most likely to cause the antiseptic agent to remain in contact with the diseased parts for some little time before its absorption in the blood.

Dr. Marcet relates seven cases treated by this method, and sums up the results of his experiments as follows:

"1st. When a solution of from half a grain to one and a half grains of crystalized Carbolic Acid in one ounce of water is inhaled in the form of spray, by a patient in the chronic first stage of phthisis before softening has taken place, and perhaps also when the process of softening is just commencing, or at the very outset of the second stage, relief is thereby obtained, and in some cases it appears to assist, with other means, in

arresting the disease. After using the spray, the patients feel as if their breathing becomes easier and deeeper; on moving about and going up stairs there is less dyspnœa; the stitch often felt, or the sudden check to the expansion of the chest in the act of breathing, is partly or entirely removed, cough is frequently relieved, and the expectoration may be considerably diminished. The absorption of any fluid in the smaller bronchi and pulmonary vesicles appears to be favored, as shown by a lessening of the crepitation. I can not confidently assert that I have kuown any plastic materials in the lungs to be absorbed while the spray was being used, still I believe that in some of my cases the dullness on percussion has diminished and even disappeared, partly from the effects of the Carbolic Acid spray. The treatment with the spray should not be adopted exclusively, but in addition to the use of counter-irritation, Cod-liver Oil, etc.

"2d. In cases of acute second and third stages of phthisis, when the process of softening is going on rapidly, accompanied with a quick pulse, high temperature, debility, and emaciation, the inhalation of the Carbolic Acid spray, although it may afford temporary relief, appears objectionable, from its depressing influence over the action of the heart. I should also think it advisable to withhold the use of the spray in the first acute stage.

"3d. A solution of Carbolic Acid, containing more than two grains to the ounce, should, as a rule, not be used, from its depressing action on the cardiac pulsations.

"From the above it will be seen that the spray should be employed with great caution; and if giddiness, faintness, trembling, with a permanently weakened pulse, or an increased irritation in the lungs, should result from the treatment, it ought to be at once discontinued.

"I am in the habit of using the spray as obtained from Clarke's Hand-ball Spray Producer; sometimes I have adopted Mathiu's Spray Producer, in which the liquid is projected against the inside of a tube and thus atomized. I have tried and given up the steam spray-producing apparatus on account of the difficulty of regulating its action. It appears to me sufficient to inhale the spray once a day, or once every two days, for a quarter of an hour or twenty minutes."—*Practitioner.*

Thermometric Observations on Pneumonia: By Thomas Wrigley Grimshaw, A. B., M. D.

The following are the conclusions at which Dr. Grimshaw has arrived:—

1st. Pneumonia has (when uncomplicated) a tolerably definite range of temperature.

2nd. The highest temperature is usually between 103° and 104° Fahr.

3d. The maximum temperature is usually attained on the third, fourth, or fifth day, after which the temperature falls, and reaches the normal on the sixth or seventh day.

4th. The height of the thermometer does not necessarily indicate the intensity of the disease.

5th. The fall of temperature does not indicate the cessation of mischief, but only that the disease is about to enter on the third stage.

6th. If a high temperature is maintained for a long time (more than three or four days), or a fresh rise takes place, it indicates a fresh attack in a previously healthy part, or the advent of a complication.

7th. The temperature and the pulse usually, though not always, rise and fall together.

8th. The temperature usually decreases before the frequency of the respirations diminish.

9th. A high temperature before the 6th day in a doubtful case generally indicates it to be one of pneumonia and *not* of typhus.

Oil of Turpentine for Parasitic Affections of the Skin and Traumatic Erysipelas: By Professors K. VON ERLACH and E. LUCKE.

For the destruction of the parasites acting as the cause of many affections of the skin, Kuchenmeister recomended, by preference, Alcohol—an agent which immediately arrests the development of all algoid formations. Various experiments have, however, convinced Professor Erlach that alcohol does not extend its action to the fungous bodies vegetating within the hair bulbs. Pityriasis versicolor may indeed be rapidly removed by alcohol, but the Tincture of Iodine acts more surely than pure Alcohol on fungi existing under the surface of the skin in the hair follicles, as in herpes tonsurans. Still, in order for this latter agent to work effectually, it is neccessary to shave the whole head, and to apply the tincture repeatedly until the epidermis has been renewed for three or four times, and even then the cure often fails, which in the most favorable cases of herpes tonsurans never takes place before the hundredth day. Professor Erlach states that in cutaneous affections of this kind, Oil of Turpentine applied with a brush acts more rapidly and with greater certainty. A case of herpes tonsurans thus treated was cured in fifty days, and several cases of mentagra were cured within a week in the same manner.

Since, according to modern views, traumatic erysipelas, as well as septicæmia, is enumerated among the infectious disorders, and as it very often withstands the ordinary methods

of treatment, Professor Lucke has endeavored to destroy the infecting agent by means of some deeply penetrating fluid, and with this view brushes over the affected places with Oil of Turpentine. The following case is selected as an illustration of this method of treatment:—

"Compound fracture of femur; subsequent removal of a sequestrum. On the following evening, vomiting, headache; the temperature 40°.0; a very intense erysipelatous redness about the wound, and extending for some distance beyond; inguinal glands swollen and tender. Application of Oil of Turpentine. On the morning of the following day, the temperature 38°.6; erysipelatous rash somewhat paler; in the evening, temperature 38°. On the following day the redness had disappeared, and the temperature was normal."

Similar treatment was practiced in eight other cases with equally good results; in all the erysipelas ran its course in two or three days. Professor Lucke had previously observed many serious cases of this affection. The most remarkable fact, next to the speedy removal of the erysipelatous eruption, was the rapid fall of the temperature on the local application of the Oil of Turpentine, which remained constant after commencement of this treatment. This fall was the more surely brought about the more energetically the agent was applied, and was particularly well marked after the oil had been rubbed in. This fall in temperature even occurred when the erysipelas was somewhat far advanced. The reason of this fall is, according to Professor Lucke, to be sought for in the local destruction of the septic material upon which the fever primarily depends.—*Berliner klinische Wochenschrift.*

Treatment of Rheumatism.

Queen's Hospital, Birmingham.—At this hospital, the number of cases treated is very large, and many are of great severity. The following treatment is that adopted by Dr. Fleming. The patient is placed between soft blankets, and carefully protected from cold draughts. A meal is given every four hours, consisting, during the fever, of milk and strong beef-tea alternately. The diet is cautiously improved during convalescence. One hour before each meal, this draught is administered: Potassæ Bicarbonatis, gr. xxx; Aquæ, ℥ij. M. Add half an ounce of fresh lemon juice, and take the mixture during effervescence. If there be high fever, from one to three minims of Fleming's Tincture of Aconite are added to each draught. If there be much pain in the muscles, in place of Aconite, from five to ten minims of Tincture of Hemlock are added to each dose of the Alkaline. If, on the other hand, the periosteum be affected, from two to six grains of the Iodide of Potassium are given. To relieve pain and secure sleep, Dr. Fleming orders,

at bedtime, a full draught of Morphia and Indian Hemp; as a drink, potassa water or lemonade freely. If necessary, Colocynth and Hyoscyamus pill is given to relieve the bowels. Cotton wadding is applied to the affected joints. Active and repeated counter-irritation and poultices over the heart are employed in cardiac inflammations. During convalescence, warm clothing, full diet, with Quinine and Iron. After considerable experience, Dr. Fleming has found that this treatment has furnished very good results; and that the number of those attacked with cardiac inflammation *after* their admission into the hospital is undoubtedly small. Placing the patient between blankets materially promotes perspiration, and prevents chill. In two recent cases where this plan was followed, sudamina appeared over the entire surface. The contents of the vesicles were ascertained by Dr. Sawyer, the resident physician, to be alkaline, not acid.—*British Medical Journal.*

EDITORIAL.

All letters should be directed to John M. Scudder, Box 146. *When considerable amounts of money are sent procure a Post Office Order, if the office is an order office. Notify us at once if there is any failure in the Journal, or filling orders for books.*

Taking our Principles as well as our Practice.—In the revolt from old-school medicine, the divergence was in the remedies employed, and not in the principles of treatment. The earlier eclectic was a believer in *phlogosis* and *anti-phlogistics* as well as the *regular*, but he objected to bleeding, mercury, and tartar-emetic, as too much of a good thing. He substituted for them remedies which acted in a similar way, but were soon removed from the system, leaving no injurious influence except the depression. As the action of remedies was milder and more transient, better success followed. The earlier he gave tonics, stimulants, and food, the speedier he reached the end of the disease. As his remedies became more and more direct as they were experimented with, he placed less and less dependence upon the routine indirect treatment.

We can thus see how the principle upon which we base our practice gradually grew and strengthened, until at last it formed the basis of our therapeutics and the rule for selecting remedies. It was readily stated—"*disease is an impairment of vitality*," and the treatment, "to remove the depressing causes and increase the viability," was plain and rational.

Our old-school friends first took our remedies, as being less dangerous than theirs. There was no necessity for giving us credit, for were we not quacks—pariahs beyond the pale of

orthodoxy? And many of them could be traced back to an obscure country practitioner, a nurse, or to regular literature which had been forgotten. Of late, however, they give us some credit for the introduction of these indigenous remedies, and admit that we would be pretty clever doctors, were it not for the odious name, Eclectic—which properly belongs to them.

But in the last five years they have done more than take our remedies; they have beee gradually appropriating our fundamental principle as well. Thus, within the past year, almost every journal exchange, has contained it in form similar to the following, which I clip from the *Chicago Journal:*

"And once again, the meaning of the *restorative system of medicine,* is, that man is superior to his maladies; and that disease is *something less,* not *something added* to life. Finally, the recognition of the unity of the body in its healthy, as well as disarranged condition in disease, is an indispensable requisite to the free development of physiology, pathology and therapeutics."

They are welcome to the doctrine as well as to the remedies, and all we ask is proper credit for our labors in this direction.

Specific Medicine—In this number we commence the promised articles on specific medicine, and will continue them from month to month. I propose to make a general review of the materia medica in alphabetical order, and finally, make a classification in a synopsis.

I think I am not asking too much, in calling upon every reader for a contribution to this. Many physicians have become acquainted with some *special* action of some remedy, and have used it with marked success. *That* is the information we want, in the fewest words that will express it. Others are in situations where they can carry out suggestions with reference to the *direct* action of remedies. Such observations must prove very valuable.

There are two directions for study: first, testing the agent upon the healthy person, and, *determining the part it acts on, and the kind of action.* For if an agent acts upon a part in health, it is reasonable to suppose that it will act upon the same part in disease. If it acts in a certain way in health, it will act in a similar way in disease.

It was told of the late Professor Cleveland, "that whilst investigating Eclectic remedies, he reqired six chamber utensils under the bed each night." It is not necessary to go so far as this, for any remedy can be taken in such small doses as will occasion but little inconvenience.

I do not advocate hap-hazard experimenting upon the sick. But knowing the line of action of any agent, and having a

definite diagnosis, and such action being desirable, we may use the remedy without compunction of conscience.

I have probably experimented with more new remedies than any man of my age. And I am confident that in no single instance has serious injury resulted. Whilst I can recall more than one fatal result from blindly following authority.

As we will take the arrangement of the dispensatory, the reader will see where this aid will be available. We will want all of *A* for our next issue.

Remittent Fever—Treatment of Severe Cases. (From new edition of the *Eclectic Practice of Medicine.*)—We will find that remittent fever is rendered severe by certain complications which may be diagnosed early in the progress of the disease, and which may be met with remedies. The principal of these are, of the digestive tract, of the blood, and of the nervous system.

In some cases, we will find the patient complaining of a feeling of fullness and weight in the epigastrium, a bad taste in the mouth, disgust for food, drink and medicine, and on examining the tongue, find it heavily coated at base. In such cases the treatment should be commenced by the use of a thorough emetic, and this followed by a mild cathartic or laxative. Afterwards it will be conducted as heretofore named.

Irritability of the stomach is marked by the elongated and pointed tongue, with reddened tip and edges. There is nausea with retching, and the patient can take neither food, drink, nor medicine with comfort. Remedies exert no influence in controlling the disease, because they are not absorbed. Whilst the irritation continues, it causes increased derangement of the circulation, irritation of the nervous system, and further arrest of secretion.

It is essential then, that this condition should receive our first attention, and that it be removed as early as possible. In many cases, we will find that the use of small doses of Aconite, as:

℞ Tincture of Aconite, gtt. xv.
Water, ℥iv. M

Give a teaspoonful every hour; a cold wet pack over the epigastrium, frequently renewed, and an enema of salt-water, to the extent of moving the bowels, aided by the use of the bath to lessen the temperature, and entire rest, will, in a couple of days, make a marked improvement in the gastric symptoms. Now the ordinary treatment may be pursued, being careful to avoid remedies likely to re-excite the irritation.

If the means named are not sufficient, we may use in addition—an infusion of peach bark; the officinal Hydrocyanic

Acid, gtts xx. to water ℥iv., a teaspoonful every hour; or Bismuth, either the sub-nitrate or the solution.

A *pallid* tongue, with *white* or *dirty-white fur*, indicates acidity, and a condition of atony of the digestive tract, that will prevent digestion, or the absorption of remedies; and will facilitate the process of sepsis in the blood. In this case the first prescription is an alkali, either simple bicarbonate of soda, or sulphite of soda, if there is need of the antiseptic influence. Using the first, I generally add it to fresh water in such quantity as to be pleasant, and give as much as the patient wishes. Those who have never employed the alkalies in this condition will be surprised at the certainty of their action.

In some of the severer cases, we will notice early in the disease, that the mucous membranes and tongue are of an unnaturally *deep-red* color. As the disease advances, the coating of the tongue becomes brown, and typhoid symptoms are rapidly developed. We regard the symptoms as pointing to an alkaline condition of the system. In this case we put the patient upon the use of acids, and continue their use as long as the indication remains. I prefer the mineral acids, and generally use the following formula:

℞ Dilute Muriatic Acid; ℥ss.
Syrup. ℥jss. M

A teaspoonful in sufficient water to make a pleasant acid drink every two hours.

Irritability of the nervous system with sleeplessness, rapidly exhausts vital power; as it intensifies all the febrile symptoms. In the early stage of the disease, if the febrile action is high, I give Gelseminum with Veratrum, in full doses. A general bath in the evening, with a hot mustard foot bath for at least thirty minutes, the head and face being sponged in cool water, will generally give sleep.

At an advanced stage of the disease, the circulation being under the control of the sedatives, I would meet the *sleeplessness*, that is sometimes so obstinate, by the use of Quinine with Opium. Prof. King's prescription answers an excellent purpose in many cases:

℞ Quinine, grs. vj.
Diaphoretic powder, grs. xxx. M.

Divide in six parts, and give one every four hours. In place of this we might use:

℞ Sulphate of Morphia, grs. j.
Camphor, grs. vj.
Quinine, grs. vj. M

Divide in six parts; give one every four hours.

In some cases we find the patient listless and dull, with a tendency to dose. The eyes are dull, the pupils are dilated, or do not contract readily on exposure to light, and the countenance has lost its usual expression. If these symptoms are

marked in the early stages, there will be a low, muttering delirium or coma by the end of the first week. In this case I put the patient upon the use of Aconite with Belladonna, in the usual doses, selecting the other treatment with reference to the symptoms as above named.

In the severer form of the disease, at an advanced stage, the remissions are almost effaced, and in addition to the loss of strength, we have that class of symptoms known as *typhoid*, indicating degeneration of the blood. The same condition results from bad treatment in simple cases.

Here the objects of treatment are:—To sustain the strength of the patient; to improve innervation; to arrest septic decomposition; to increase secretion. And, finally, by these means, to bring the disease back to its original type, and administer antiperiodics.

Evidently the first thing to be done is to place the stomach in condition to receive and digest food. In a large majority of cases one of two conditions will be present—the tongue will be *dark red*, and covered with a brownish fur; or it will be *broad*, *pallid*, and covered with a dirty-white fur.

In the first case I would prescribe the mineral acids, and in the form heretofore named, giving it as freely as desired by the patient. With this to stimulate the digestive tract, we might associate small doses of Nux Vomica or Strychnia, as in the following formula:—

℞ Tincture of Nux Vomica, gtt. xxx.
Compound Tincture of Lavender, ℥ss.
Tincture of Lobelia, ℥j.
Simple Sirup, ℥iiiss. M

A teaspoonful every one or two hours.

In the second case I would give the Sulphite of Soda, in doses of grs. xx. every three hours, and Quinine with a minute dose of Morphia as the tonic.

The tincture of Aconite, in small doses should be regularly given in both cases, every hour.

A proper selection of food is here of great importance. I prefer milk, having it boiled, seasoned, and given hot. If milk can not be taken, *whey* answers a very good purpose, and if this is objectionable, any of the different forms of *farinaceous* food with milk. Beef tea and animal broths are not the best kinds of food, as we want *calorifacient*, not *histogenetic* material. The only exception to this, is, when there is marked feebleness of the heart and respiratory muscles, when essence of beef becomes an important remedy.

To increase innervation, we have already the nerve tonics, Nux Vomica and Quinine. In some cases, we will find that Quinine inunction will answer an excellent purpose. When the patient is wakeful, we employ the means heretofore named.

To check the sepsis of the blood, we have the two classes of

remedies already named—the mineral acids and the antiseptic salts. In place of the Sulphite of Soda, any of the soluble sulphites may be used, or we may employ the chlorates, or in some cases minute doses of Carbolic Acid. When there is an unnatural fetor from the body, a bath of a dilute solution of Carbolic Acid removes it, and exerts a pleasant stimulant influence upon the skin.

It is generally thought that when. by the above means, we have brought the disease back to its remittent character full doses of Quinine are indicated. In some cases the antiperiodic acts kindly, but as a general rule it is well to let the patient convalesce without it; for if more slow, it is also more certain.

Dropsy—A Case in Practice.—Mrs. M—, aet. 27, came to this city from Memphis about the first of July, having been given up to die by the physicians in attendance. Diagnosis—phthisis with heart disease, and dropsy as the result.

For three weeks, during which time she remained about the same except slow increase of the dropsy, no medicine was taken. On examination, July 24th, I found her very feeble; pulse 96 and very weak, temperature 99¼°, extremities cold, tongue palid and coated in the morning, appetite poor, slept badly, some cough with but slight expectoration of mucus, no pain in the chest. The lower extremities were very much swollen, and ascites very marked.

A physical exploration, determined that the respiratory organs were sound, except a bronchial irritation, and the disease of the heart was wholly functional. Evidently the diseased condition had arisen from the *antiphlogistic* treatment of a remittent fever, some ten months previous.

To strengthen the circulation, I gave: ℞ Tincture of Aconite, Tincture of Belladonna, aa. gtts. xx; Water, ℥iv. A teaspoonful every three hours. For the dropsy: ℞ Tincture of Apocynum Can., ℥ij.; Water, ℥iv. A teaspoonful every three hours alternately with the first.

The improvement was prompt and decided, and in ten days the dropsical effusion was entirely removed. She has now a good appetite, digests her food well, and is rapidly gaining her usual strength.

Anæmia.—It is the general opinion that anæmia should always be treated with bitter tonics and iron, and if these remedies will not succeed we have none that will. Now, there is no one that has a better opinion of this restorative treatment than myself; yet I find cases in which it is a complete failure, and I doubt not that others have met with like difficulty.

A case of marked chlorosis, with pallid mucous membranes,

yellowish-white skin, soft and doughy, feeble circulation and cold extremities, offers a case in point. In such cases I have seen Iron and bitter tonics given for months without the slightest amendment. In olden time, I gave an emetic and repeated it as often as necessary, in these stubborn cases, and with the result to arouse and strengthen the circulation,—and then bitter tonics and iron would do their work.

But my practice got beyond the use of emetics, and I would be met in this way: if you propose to use *such* remedies, we will change doctors,—the inevitable Homœopath being used as the scarecrow.

In examining the subject it seemed to me that feebleness of circulation was at the bottom of the lesion; and that any remedies that would give strength and freedom to the circulation would answer my purpose, paving the way for the proper action of Iron and other restoratives.

Thus, in a recent case, a young Miss, presenting the ordinary symptoms of confirmed anæmia, and having had restorative treatment for some months without any advantage, came to me and was placed on the following prescription: ℞ Tincture Aconite, gtts. x.; Tincture of Belladonna, gtt. xv.; Water, ℥iv. A teaspoonful every three hours. The influence on the circulation was marked by the second day; her appetite returned; and there seemed no necessity for further treatment by the end of the second week. But the one prescription was made, and no tonics or restoratives used. I present the case particularly to show the stimulant action of the two agents named; the common opinion being that their action is exactly the reverse of this.

On the Diagnosis and Treatment of Dislocations and Fractures: By Professor A. Jackson Howe, M. D.—If there is any one part of a physician's business that causes more care and anxiety than another, it is *bone surgery*. Added to the difficulties of diagnosis, comes the discrepancy between authors on what dressings and manipulations should be used. Ordinary works on surgery being too brief to give satisfaction, and such works as Hamilton's too diffuse and discursive.

Then comes the bitter pill of suits for *mal-practice*, which at at best are very inconvenient, and if lost, will sweep away the hard earnings of a life time.

There is no better authority on this subject in this country than Professor Howe. This has been well proven in suits for mal-practice, in different states, in which he has been called as an expert. The want of a proper text book impressed itself strongly on his mind, and he has prepared a work that will give that concise and clear information that the general practitioner desires. The subject requires abundant illustration by

wood-cuts, and these the Doctor has drawn from life; over one hundred of these new illustrations will be introduced, in addition to some old ones.

The probabilities are, if the engravers progress well, that the work will be published in January. The price will be $3.50.

Prospectus of the New Eclectic.—Since publishing the notice of a new family paper, in June, I have received many letters commendatory of the project. There seems to be a general desire to have some medium of communication with the people. Something that the practitioner can introduce into the circle of his acquaintance, that will creditably represent his system of medicine, and fight his battles.

The general opinion is, however, that it should be monthly and not weekly, and that it be in such form that it can be preserved for binding. It must also be as well edited and printed and furnish as much reading matter for the money as any other publication of the day.

To fill these requirements, I propose to commence the publication of the *Eclectic* in January next; providing I can obtain a subscription list of 5000 to commence with, as it requires this to pay its expenses.

It will be a monthly of 64 pages, each page containing as much reading matter as three of this journal; making a volume of 768 pages yearly. Good paper, good type, and each number illustrated. At $2.00 per year.

It will be the object to make it convey useful information in a pleasant and entertaining form, and thus replace to some extent the flood of novelettes which now furnish the principal reading of the young.

Each number will contain some medicine—principally physiology, hygiene and nursing—but will not make this a specialty.

I named August as the month for sending out specimen sheets and subscription lists, but will postpone it until October, this giving sufficient time. And when I send them, I will ask the hearty co-operation of every reader of the Journal; promising to make it fill its mission in the new field, as well as this does in medicine.

Prof. J. M. Scudder, M.D.—*Dear Sir*: I have several times been on the point of writing to you to say that an editorial, entitled *Meddlesome Midwifery*, which appeared in the March number of the *Eclectic Medical Journal*, for 1868, should be republished for the benefit of new subscribers, and to refresh the memories of older ones. I have found that article very suggestive, and in practice *very profitable* to all the parties concerned; and am confident that hundreds of subscribers would

be eager to join with me in returning thanks to you for the valuable information therein presented, and which would not be accessible to us anywhere else. L. T. Beam, M. D.

[Dr. Beam's appreciation of the article is complimentary to the writer, and we will republish it in the October number.—Ed.]

Here's Richness.—A certain Dr. Wilson Hobbes, of Indiana, gets off the following squibb at Eclecticism, through the *Western Journal of Medicine*:

"They named the bastard 'Eclectic Medicine,' and opened a hall in Cincinnati to exhibit the youth in, which they called the Eclectic Medical Institute. The ill-formed creature for a while laughed and grew fat; the doting parents stormed and scolded at everybody who would not come and kiss the brat, and call it handsome. But the sickly thing, inch by inch, is dwindling away. The disconsolate friends have mesmerized it, steamed it, sweated it, puked it with lobelia and purged it with podophyllin, but they can not save it."

Poor Dr. Hobbes, the Eclectics have him where the hair is short. When you take a doctor's patients you strike him in a vital part, and if given to wind he is likely to be wordy. Have our practitioners in Rush and Henry counties no "bowels"? Can't they let Dr. Hobbes die in peace?

New Subscribers.—We are again in the field for an increase of our subscription list for 1870, and make the usual offer—"To any one sending $2.00 for 1870, we will send the remainder of this year free."

In addition to our regular matter, we propose to make the series of articles on *Specific Medicine* worth a lifetime's subscription.

Our list is now much the largest of any medical periodical in this country, and Eclectics take a just pride in it. A little effort will double the subscription for next year. And in twelve months every new subscriber is a convert to the better system of medicine.

Let Students Commence their Studies with a Course of Lectures.—This is good advice for student and preceptor. In a course of medical lectures the student learns how to study, and what to study. He is then fitted to go into the office and give intelligent assistance, observe cases, and read to advantage.

Those students who attend lectures early, are uniformly the best, and make the most successful practitioners. The reason is, that they have a more systematic and thorough education.

We have a large field to occupy, and comparatively few men.

A thousand competent Eclectic physicians could find remunerative business to-day. Can you not induce some good man of your acquaintance to take up the study of medicine?

Eclectic Medical Society of Maine.—The annual meeting of the Maine Eclectic Medical Society was held in Portland, at the Preble House on Wednesday, June 23, at 10 o'clock A. M., and was called to order by the President, Dr. W. R. Wright of Durham.

After the records of the last annual meeting had been read and approved, Dr. P. F. Henderson of Stockton, and Dr. A. K. Wing of Auburn, were admitted members of the society.

The report of the Treasurer was read and approved. The President called for the reading of the annual address, which was delivered by Dr. John Parker of Biddeford, after which the thanks of the society were voted Dr. Parker for his able paper. Also voted a copy of which, together with the proceedings of the meeting, should be sent to the Eclectic Medical Journals for publication.

Drs. Parker, Mace and Anderson were appointed a committee to nominate officers of the society for the ensuing year, and they reported the following list, which was elected by ballot: President, Dr. John Parker of Biddeford; Vice-President, S. C. Libbey of Saco; Corresponding Secretary, Richard Mace, Yarmouth; Recording Secretary, William Young, Newburyport; Treasurer, N. R. Martin, Sacarappa; Librarian, W. R. Wright of Durham; Counsellors: N. R. Martin, M. H. Holmes, West Waterville; Samuel York, Lewiston.

At 1 o'clock the members of the society and invited guests sat down to the Society's Annual Dinner, which was served in fine style by Lewis of the Preble. After noon session, society called to order by the President, Dr. Parker, Dr. York read an able essay on the treatment of Rheumatism and Gout by Medicated Vapor Baths. Also, Dr. Martin read a very instructive paper on the tongue.

Professor Buchanan of Philadelphia, was made an Honorary member of the society.

Voted that the next meeting be held in Bath, on the second Wednesday in January, 1870. And the next Annual Meeting is to be held in Augusta, the fourth Wednesday in June, 1870, at 10 o'clock, A. M.

The society then adjourned.

RICHARD MACE, *Secretary.*

VARIETIES.

Favorite Prescriptions by Dr. D. H. ARTHERHOLT, *Hartford, O.*—℞ Washed Sulphur, Potassa Bitart., aa., ℥viij; good Brandy, fl. ℥viii: dose, tablespoonful three times a day in chronic, and every four hours in cases of acute rheumatism. I have used this prescription for five years in cases of both acute and chronic rheumatism with better results than I ever obtained from any other course of treatment.

℞ Tinc. Lobelia, Tinc. Veratrum Viride, aa., fl. ℥i; Asclepin, gr. xij; Aqua, fl. ℥iss; M.: dose, ℥i. It is an excellent febrifuge, and is never contraindicated in febrile cases.

℞ Carbolic Acid Crys., grs. viij; Chloride Sodium, Hydrastis Cand., aa., ℥ss; Aqua Pura, fl. ℥viij; mix; let stand and filter. The above is a valuable prescription used locally in gonorrhœa and leucorrhœa; snuffed the up nostrils in nasal catarrh, and inhaled by means of an atomizer in bronchitis. I have prescribed the above in cases of gonorrhœa and leucorrhœa with good effect; but it is in cases of nasal catarrh and bronchitis that its remedial powers are most displayed. I have prescribed it in several obstinate cases of nasal catarrh, and in no instance without the most happy results. I also prescribed it in the case of my wife for bronchitis with more marked benefit than from any of the many local remedies used. She inhaled fl. ℥ss of the above three times a day.

Scabies—Illinois Itch.—As you are calling for specifics, I will give you one for scabies and the persistant kind called the Illinois itch; it has cured every case for me and I have taken lots of them after they have been tried for a month by the rest of the faculty around here; it has cured many cases of years standing. For Scabies—℞ Iodide of Sulphur, ℥ss to Lard, ℥j; mix well in a mortar and apply once a day after first cleansing the skin with soft soap suds and wipe dry.

For the Illinois Itch—℞ Iodide of Sulphur, ℥j to Lard, ℥j; mix: apply once a day until cured; cleanse with weak lye and soft soap suds well all over each time before using.

Take for an alterative while using both of the above receipts the following: ℞ Sulphur Sublimatum, Potassa Bitartras, and Pulv. Sassafras Bark, aa., ℥i; triturate well and give in x gr. doses four times a day. The above has cured hundreds of cases without fail in my hands.

This is one of the best combinations for Neuralgia that I ever used: ℞ Sat. Tinc. Belladonna, ℥iv; Sat. Tinc. Stramonii, ℥ij; Sat. Tinc. Aconite, ℥iij; Sat. Tinc. Cannabis, ℥v; Sat. Tinc. Conii, ℥xv; Sat. Tinc. Hyoscyami, ℥viij; Sat. Tinc.

Opii, 3x; Sat. Tinc. Nux Vomica, 3ix; Sat. Tinc. Cimicifuga, 3xx; mix: it can be given in doses of from 10 to 60 drops as the case may require. If you once use it you will never be without it. A. F. Pattee, M. D.

For Poisoning by Poison Oak, (Rhus Toxicodendron.)—Apply to the parts affected, Tincture Sanguinaria Canadensis freely, two or three or four times per day. This is a sovereign remedy and worthy of all confidence. I expect to try it in the next case of Erysipelas I meet with. D. J. Parsons.

Podophyllin in Cholera Infantum.—Dr. Thomas, of Harrison, Ohio, uses podophyllin in cholera infantum, in those cases in which the discharges have a fœtid, rotten-egg odor. He uses it in what he calls his third trituration, prepared by taking ten grains of podophyllin and triturating thoroughly with 100 grains of sugar of milk. Ten grains of this trituration are rubbed up with another 100 grains of sugar of milk for the second trituration. The third trituration is made in the same manner by rubbing 10 grains of the second with 100 grains of sugar of milk. He gives this trituration in doses of one grain, and considers it almost a specific in the cases named.

Gleanings from the French. By John King, M. D.

M. Bouilhon, pharmaceutist, has proposed to substitute *Thymic Acid* in medical use for carbolic acid, of which it is the homologue; it has an agreeable odor, and combines with the animal tissues, so as to render them completely imputrescible. It is procured by treating oil of thyme with an alkaline solution, adding an acid to decompose the soluble thymate formed, and purifying it by washings and distilling. It may also be obtained in crystals by submitting oil of thyme to a prolonged cold.—Whenever it is desired to administer it internally, it is better to make an emulsion with, or to dissolve it in an alcoholized potion.

Dr. A. Paquet has satisfied himself by several trials of the therapeutical value of this organic product, which may be employed, 16 minims to two pints of water, as a disinfectant, or to modify wounds of a bad character and obtain their rapid cicatrization. Concentrated, it advantageously replaces nitric acid and nitrate of silver in the cauterization of the dental nerves. Thymic acid combined as follows: (Thymic acid 2, Aniline 1, Tannin 2, Glycerine 50,) has enabled M. Paquet to preserve viscera and parts of limbs for several months, without any traces of putrefaction.—*Bull. de Therap.*

According to Dr. Watson, there is a reciprocal physiological antagonism between *Strychnia* and *Calabar bean.* The first has an increasing polarity bearing upon the spinal marrow;

the second has a diminishing polarity, and in place of a muscular excitation with the first, it is a paralysis with the second. Hence, the good effects resulting from the calabar bean in tetanus and strychnism. The activity of strychnia being superior to that of calabar bean, there is a necessity for keeping up the action of the bean until the convulsions have disappeared; but without giving the doses at too close intervals, for fear of its accumulating effects. Five drops of the tincture gives rise to a manifest action after twenty minutes, which lasts for half an hour. We must then renew this dose every forty minutes to render its influence durable and permanent.—*Gaz. Hebd.*

M. Hirtz has cured obstinate cases of *Asthma*, by subcutaneous injection into the arm of $\frac{1}{8}$ grain of acetate of morphia in solution, in which other means had signally failed.

M. Schuller advises local applications of solution of tannin to the tonsils in cases of *chronic amygdalitis.*

M. Danieli declares the following method of treating *bubo* preferable to all others—the bubo being fully matured, he makes an incision of about one-fifth of an inch at its culminating point, and after having emptied its center, he injects into it a solution of 16 minims of sulphate of copper to 26 fluid drachms of water, which he places in contact with the whole of the interior of the tumor, by methodic pressures, and finally by compressing it. After a period of 24 hours the injection is repeated. The suppuration becomes thin, serous, yellow, and after the 8th or 10th day it ceases entirely, and the cure is made.—*Giornale di Medicina Militare.*

Dr. Schaller recommends, as the only remedy that gives an infallible result in the treatment of *chilblain*, not ulcerated, a concentrated solution of perchloride of iron, to be locally applied every night on going to bed. In ulcerated chilblains a single application generally suffices.

Forced Movements in Therapeutics, by M. Merlatto. Although known in some of its details, this question is new and original, and may lead to important practical results. Certain attitudes may be advantageously assumed in order to favor or obstruct arterial circulation. Forced flexion and extension of the forearm suspends the radial pulse; of the thigh, they diminish the impetus of the blood in the femoral vein, and forced flexion of the limb has often succeeded in arresting the pulsations of popliteal aneurism. M. Merlatto calls especial attention to the arrest of arterial circulation in the superior limb by compression of the sub-clavian, between the clavicle and the first rib, by carrying the arm backward and downward.

In one case of large aneurism of the axillary artery, filling the region of the armpit, by giving this attitude to the limb,

M. Verneuil completely suspended the pulsations of the tumor. We attain the same end by carrying both arms backward and depressing the top of the shoulder. Unfortunately, these forced attitudes cannot be preserved for a long time; 15 or 20 minutes is the extreme limit, which cannot be exceeded, as they become insupportable. If these means cannot be made useful in the treatment of aneurisms, they will certainly prove of great service when we desire simply to check a hemorrhage.

M. Guyon has communicated a fact of arrest of the arterial circulation in the superior limb by means of an entirely different attitude—that is to say, by elevation of the arm combined with rotation outwardly, this last movement being, moreover, the essential preliminary condition of the elevation of the arm. An entirely fortuitous circumstance drew his attention and led him to the discovery of this fact, confirmed by experiments upon the cadaver. On attempting to discover the mechanism of this phenomenon by dissection of the axillary region, he found that it could be accounted for by the compression of the axillary artery between the roots of the median nerve. This attitude he considers more favorable than that indicated by M. Verneuil for the treatment of aneurism of the axillary artery, while it exposes the lesion to the eyes of the observers, instead of concealing it. However, like the other attitudes, it has the inconvenience of not being supportable for a long time.—*Soc. de Chir.*

In painful and obstinate *neuralgic affections* of the abdominal viscera, M. Cazenave uses suppositories of cocoa butter, each containing the one hundred and twenty-seventh part of a grain of sulphate of atropia; these are introduced into the rectum on going to bed: for the first ten days, one; for the second ten days, two; for the third, three; and so on until the pain ceases. If the suppositories cannot be tolerated, he substitutes a solution of the dose indicated in two fluid ounces of water, which is injected into the rectum above the sphincter, or instead, two or three fluid drachms of the glycerole of atropia may be used.—*Gaz. Med. de Paris.*

The visceral steatosis, met with especially in the nervous centers, the lungs, the kidneys, and the liver of *infants*, may result, according to M. Parrott, from their inanition, either because they absolutely want nourishment, or because, being faulty and defective, it cannot be and is not assimilated.—*Acad. de Sci.*

This lesion, verified at the autopsy, will then be a medico-legal sign of the kind of death of the infant. It is a new mode which, properly investigated, may furnish a means of detecting, punishing, and preventing crime of this kind.—*M. P. Garnier.*

M. Delpech has derived considerable benefit from the internal use of *phosphorus*, 1 part to 500 parts of oil, and given in doses of from half a drop gradually carried to 7 or 8 drops. Its use should be suspended for a few days after every eighth day, or as soon as it causes gastric burning, vomiting, colic or diarrhœa. He has thus materially benefited several cases of ataxic locomotive and paralysis. With all more or less powerful erections preceded the retum of the locomotive and sensitive functions.

Dr. D. Beaumetz prefers the following to all other preparations of phosphorus: Take of chloroform 1000 grammes; phosphorus, 1 gramme; mix. With colored gelatine make 1000 capsules, each containing a milligramme of the active agent. Commence with one capsule for a dose, gradually increasing it to ten capsules per day, observing the same rules as named in the preceding section.

In consequence of the inconvenience of other preparations of phosphorus, which are repugnant to the taste, or uncertain in their action, M. M. Currie and Vigier prefer the *phosphuret of zinc*. This is a perfectly defined, gray, crystallized body, unchangeable in moist air, can be perfectly preserved in pills or powder, and is decomposed in the stomach, giving rise to phosphuretted hydrogen, and exercising the same action upon the economy as phosphorus dissolved in oil. They propose the following formula: 1. Take of finely powdered phosphuret of zinc, 12 grains; powdered liquorice, 20 grains; syrup of gum, 14 minims; mix thoroughly together, divide into 100 pills, and silver them: each pill weighs about two-fifth of a grain, and contains about the one-sixty fourth of a grain of phosphorus. Dose, one; gradually increased to five pills per day—if they cause diarrhœa or vomiting, some opium may be associated with them. 2. Take of finely powdered phosphuret of zinc, six grains; powdered starch, seventy-five grains; mix carefully together, and divide into fifty powders—each of which contains about the one-sixty fourth of a grain of active phosphorus. These may be taken by persons who swallow pills with difficulty, as among children. The dose is the same as the pills, or less in proportion for children, and being governed by the same rules as named in the first section above.

Steatomatous Tumors of the Scalp.—Dr. Krafft-Ebing says that since 1863 he has removed many of these tumors, varying in size from a bean to a pigeon's egg, by a very simple procedure. This consists in the subcutaneous injection of a few drops of a solution (0.65 in 15 parts of water) of tartar emetic. In two or three days the skin ulcerates sufficiently to discharge the contents of the tumor without inducing erysipelas or nausea. He has not in any of his cases met with return of the tumor.—*Med. Times and Gaz.*

Combination of Chloroform with Opiates for the relief of Pain.—Dr. W. Marshall strongly recommends this union of remedies for anodyne purposes. From ten to twenty minims of chloroform are combined with one or two drachms of compound tincture of camphor (if the pain be moderate), or ten, twenty, or forty minims of Battley's sedative (if it be severe.) This generally produces sleep within a few minutes, and its effects are more lasting than those of an opiate alone, and without its disagreeable after-effects. It ought to be given in some thickish solution, such as mucilage, otherwise the chloroform will fall to the bottom.—*The Practitioner.*

Microscopic Fungi as the Cause of Contagion.—Dr. Lissauer has made a number of experiments with penicillium, and concludes that fungus is not a cause of contagion, but is an accidental presence. He first found it in vaccine lymph; then he procured some from the surface of a cut lemon, and with this he attempted to produce vaccina in a calf, but without effect. In contradiction to Hallier, he says: "I believe I have shown that we cannot advance pathology by cultivating microscopic fungi from the products of disease; and that, moreover, the detected and censured fungus cannot be regarded as the contagium until we have succeeded in producing the disease by art."—*Med. Press and Circular.*

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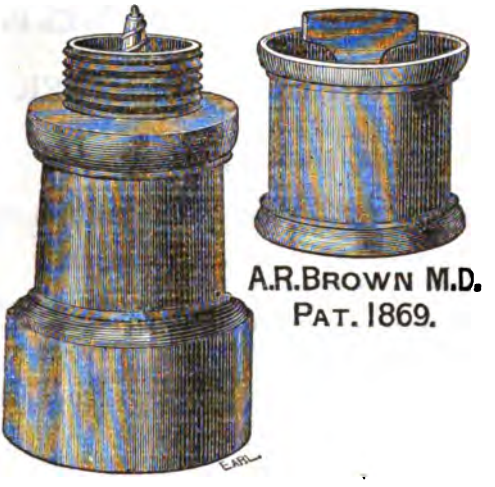

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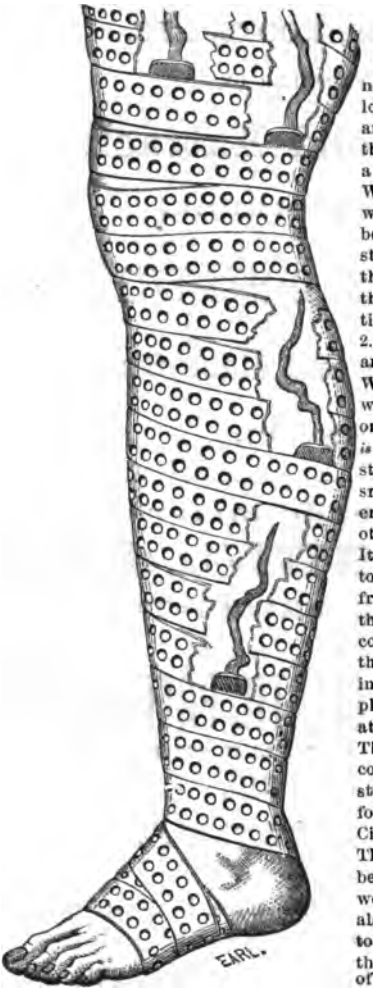

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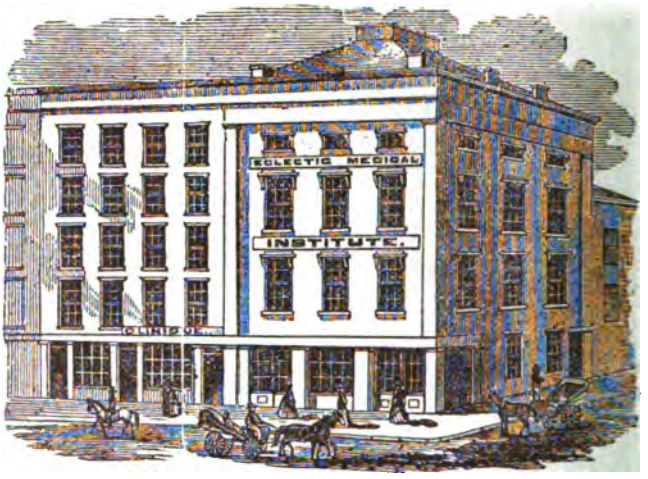

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THE

Eclectic Medical Journal.

EDITED BY

JOHN M. SCUDDER, M. D.

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ORIGINAL COMMUNICATIONS.

ART. LI.—*On the Specific Action of Medicines:* By JOHN M. SCUDDER, M. D. (Second Paper.)

The question has been asked "In what does your theory of specific medication differ from Homœopathy?" The question is a pertinent one, and I will endeavor to answer it briefly.

The law, *similia similibus*, upon which the Homœopathic practice is based, is defined in two ways. One contends that the drug, used for cure, "produces the essential morbid condition" when proven in health. The other, "that it produces similar symptoms," but not the exact pathological condition.

The truth in this law of *similia similibus*, is, that certain agents, called medicines, act on particular organs, parts, and functions of the human body in a uniform manner. They act equally on the organ, part, or function, in health and disease; and thus acting in health, they produce such change in the phenomena of life as to render the action sensible to the person—symptoms. If an agent directly and uniformly produce an influence upon a particular part, it is more likely to be used as a remedy in disease of that part than another which does not influence the part at all.

Remedies are, therefore, those agents which directly and uniformly influence an organ, part, or function. The question then comes up, are they remedies because "they will produce a similar state of disease," or because they are opposed to diseased action?

The Homœopaths will not admit any explanation of their law of *similia*. The remedy is a remedy *because* it will produce the exact diseased condition, or at least the exact symptoms of such condition.

I contend that a drug is a specific remedy: first, because it influences uniformly and directly the part or function diseased; and second, because it *opposes* such diseased action. I would, therefore, write the law of cure *apponens apponenda*, instead of *similia similibus*.

In ordinary practice, whether it be Old School or Eclectic, there is no *principle* or *law* of cure. Remedies are not given because they are opposed to or agree with diseased action, but simply because they have been previously used with reputed good success. It is, in fact, pure empiricism. The old dogma of phlogosis and antiphlogistics, and the new doctrine of impaired vitality and restorative medication, guides the empirical use of remedies in the one or other direction.

Acids.—There is a *specific* use for acids in the treatment of disease, which we wish to study carefully. In any form of disease we may have an excess of the alkaline salts of the blood. This may be the basis of diseased action, or but a complication rendering it more intense, but whether the one or the other, it needs to be recognized and have direct treatment.

The indications of excessive alkalinity are very plain, and need not be mistaken by the youngest practitioner. The color of the mucous membranes is *deep red*, especially of mouth and tongue; the coating of tongue, sordes, or any exudative material, has a dark color, usually brownish. It makes no difference what the diseased action is, in its totality, or what it is called, the *deep red*, somewhat *dusky* color always demands the administration of acids

There is but one exception to this, and that is a rare one, in which the excess is of soda, but with a defect of potash. In this case the administration of a Salt of Potash will answer a better purpose than the Acid, or may be combined with it.

The Muriatic Acid is preferable in most acute cases, and should be used so diluted, and in such quantity, as to be pleasant to the patient, and until this indication for its use is removed. Lactic Acid is sometimes preferable with children, and in some cases of chronic disease, especially when associated with indigestion. The vegetable Acids may be used in acute disease, but are not so good as those named.

Alkalies.—It is well to consider the *specific* use of alkalies in this relation; as they are the opposites of acids. We may say of these, as of acids, that their deficiency is found as a constituent element in all forms of disease—in some cases being the basis of a morbid action, in others but a complication; but, whenever found, an important element and demanding direct treatment.

The symptoms of deficiency of these salts of the blood are very plain, and, using the language of the Prophet, "He who runs may read." The tongue is pallid and broad, its coating pasty and white, or yellowish white. The mucous membranes

are uniformly pallid. As these evidences are absolute and readily determined, it is not necessary to name others not so constant.

Whenever we find this deficiency of the alkaline salts we will observe, as the result: loss of power in the stomach, enfeebled digestion and slow absorption, impairment of the circulation, arrest of nutrition and waste, and enfeebled innervation. These will correspond in degree to the deficiency.

So marked are these results, that I have long regarded the diagnosis, with regard to excess or deficiency of the alkaline salts, as of the highest importance. Indeed in some forms of disease, especially of a typhoid character, it is the principal element upon which a successful treatment is based.

Soda is the natural salt of the blood, and exists in the body in the largest proportion. Whenever, therefore, we have the evidence of deficiency of the alkaline salts, and no special symptoms indicating others, we will give a salt of soda. In many cases I order Bicarbonate of Soda in water, in such quantity that it will make a pleasant drink, and let the patient have it freely.

If, at the same time, we wish an antiseptic influence we may give the Sulphite or Hyposulphite of Soda or the Chloride of Sodium:

I am satisfied that I have seen patients die from deprivation of common salt during a protracted illness. It is a common impression that the food for the sick should not be seasoned, and whatever *slop* may be given, it is almost innocent of this essential of life. In the milk diet that I recommend in sickness, common salt is used freely, the milk being boiled and given hot. And if the patient can not take the usual quantity in his food I have it given in his drink. This matter is so important that it can not be repeated too often, or dwelt upon too long.

The most marked example of this want of common salt I have ever noticed has been in surgical disease, especially in open wounds. Without a supply of salt the tongue would become broad, pallid, puffy, with a tenacious pasty coat, the secretions arrested, the circulation feeble, the effusion at the point of injury serous, with an unpleasant watery pus, which at last becomes a mere sanies or ichor. A few days of a free allowance of salt would change all this, and the patient would get along well.

A salt of *potash* is indicated when there is feebleness of the muscles to greater extent than can be accounted for by the disease. Occasionally such want is expressed in a marked manner by feebleness of the heart.

Ammonia will, occasionally, prove the best salt for temporary use, especially when there is great debility. But when so used, it should be followed by the free use of common salt, or some salt of soda.

Achillea Millefolium.—This agent, though feeble in its action, is much better than many in common use. It acts directly on the urinary apparatus, and the reproductive organs of the female. I have used it to allay irritation of the kidneys and vesical and urethral irritation. In these cases its influence is somewhat similar to buchu and uva ursi. It is employed with advantage in atonic amenorrhœa, menorrhagia, and vaginal leucorrhœa. The fluid extract is the best preparation; dose, ten drops.

Aconitum Napellus.—A tincture of the root (imported from Germany) is the strongest and most uniform preparation. It should be prepared by percolation, the strength being ounce for ounce; though, if constantly made in the office, it will be easier to make it ℥viij to the pint, the dose being proportionately increased.

The medium dose two-thirds of one drop, and the form of administration, ℞ Tincture of Aconite Root, gtts. xx.; Water, ℥iv.; a teaspoonful every hour in acute disease, every two or three hours in chronic disease. To a child two years old the proportion is gtts. v. to ℥iv.

Aconite is a stimulant to the sympathetic system of nerves, and increases the power of the heart to move the blood, at the same time that it places the blood-vessels in better condition for its passage. It will be recollected that the same system of nerves governs the movements of the heart and of the entire system of blood-vessels. What will influence one, therefore, will influence the other in the same manner.

But Aconite is said to be sedative; and by a sedative we are to understand a remedy that diminishes the frequency of the pulse. How can Aconite, therefore, be a stimulant and sedative?

There is no doubt but that aconite is one of the most certain remedies we have to reduce the frequency of the pulse in certain conditions of disease. And the condition is that in which there is a want of power on the part of the heart, and a like want of innervation to the capillary system of blood-vessels. Aconite in small doses lessens the frequency of the pulse, because it removes obstruction to the free flow of blood in the vessels, and gives greater cardiac power.

To point out the special indications for the use of Aconite I can not do better than reproduce the editorial in September *Journal* of 1868 on the "Differential Therapeutics of Veratrum and Aconite:"

"*The Differential Therapeutics of Veratrum and Aconite.*—To determine which of a class of remedies is applicable in a given case, is the most difficult task of the physician, and any information in this respect is of much value. I doubt whether any one using the two remedies named, would be willing to risk giving this estimate. Many may have an empirical intuition

in regard to it, but most could venture nothing but a guess.

In general terms, Veratrum is the remedy in sthenia, Aconite in asthenia; but there are too many exceptions to this to make it a safe rule for our guidance.

Veratrum is the remedy when there is a frequent but free circulation. It is also the remedy when there is an active capillary circulation, both in fever and inflammation. A full and bounding pulse, a full and hard pulse, and a corded or wiry pulse, if associated with inflammation of serous tissues, call for this remedy.

Aconite is the remedy when there is difficulty in the capillary circulation, a dilatation and want of tonicity of these vessels, both in fever and inflammation.

It is the remedy for the frequent, small pulse, the hard and wiry pulse (except in the cases above named), the frequent, open and easily compressed pulse, the rebounding pulse, the irregular pulse, and indeed wherever there is the evidence of marked enfeeblement of the circulation.

It is the sedative I associate with Belladonna in congestion, especially of the nerve centers, and to relieve coma. Whilst I would use Veratrum with Gelseminum in determination of blood to the brain, and in active delirium.

Veratrum acts more efficiently upon the excretory organs; indeed I believe it to be one of the most certain remedies we have to increase excretion. Hence it is employed with great advantage for those purposes usually called alterative.

Aconite controls excessive activity of the excretory organs, whether of the bowels, kidneys or skin. Thus it is our most certain remedy in the summer complaint of children, associated with Belladonna in diabetes insipidus, with the bitter tonics and Strychnia in Phosphuria and Oxaluria, and with the mineral acids in night sweats.

Actæ Alba.—The White Cohosh has had but a limited use in medicines, yet it possesses such properties that it will undoubtedly prove useful when studied. The direction of experiment will be to determine its influence on the functions of waste and nutrition, and its special action on the reproductive organs of the female.

Two preparations may be used: first, a tincture of the recent root, ℥viij. to Alcohol 76° Oj.; second, a tincture of the dried root in the same proportion, but using Alcohol of 98°. Let the dose range from one to twenty drops.

Agave Americana (*Century Plant*).—The only report we have of this agent is from Dr. Penn, U. S. A., in the treatment of scurvy: "Every case has improved rapidly; the countenance, so universally dejected and despairing in the patient affected with scurvy, is brightened up by contentment and hope in two days from the time of its introduction. The most marked evidences of improvement were observable at every successive visit.

From observing the effects of the Maguey in the cases which have occurred in this command, I am compelled to place it far above that remedy which, till now, has stood above every other —lime juice. The manner in which I use it is as follows: The leaves are cut off close to the root. They are placed in hot ashes until thoroughly cooked, when they are removed, and the juice expressed. The expressed juice is then strained, and given in doses of ℥ij. to ℥iij. daily."

I should be glad if some of our southern readers would try a tincture of the recent leaves, made by cutting them in small pieces and covering with alcohol. We want to determine its influence on the circulation and on the nervous system. The dose would be about ten drops.

Agrimonia.—We employ this agent in the form of an alcoholic fluid extract, representing ounce for ounce of the crude material. Dose, five to ten drops.

It has a *specific* influence upon the kidneys and bladder, being stimulant and tonic. Though not very active, it may be used with excellent results in chronic diseases of these organs.

Aletris Farinosa.—The Aletris is a gastric stimulant and improves digestion. It has also proven a valuable tonic in uterine diseases. It is deserving a thorough examination, which I hope some of our readers will give it and report. Of a tincture of ℥viij. of the root to Alcohol 76° Oj. the dose would be from two to ten drops.

Alnus Rubra (*Tag Alder.*)—We may employ the Alnus in infusion, or in the form of tincture with dilute alcohol; the first being preferable if we wish its greatest influence. The dose will vary from as much as the patient can take of the first, to from five drops to a teaspoonful of the second.

It exerts a specific influence upon the processes of waste and nutrition, increasing the one and stimulating the other. It is thus a fair example of the *ideal* alterative, and is one of the most valuable of our indigenous remedies.

Its special use seems to be in those cases in which there is superficial disease of the skin or mucous membranes, taking the form of eczema or pustular eruption. In these cases I have employed it as a general remedy, and as a local application with the best results. It does not seem to make much difference whether it is a phlyctenular conjunctivitis, an ulcerated sore mouth or throat, chronic eczema, or secondary syphilis presenting these characteristics, it is equally beneficial.

Aloes.—The use of Aloes in medicine should be quite limited, but still it has a place. I believe that in small quantity and in combination with other agents that act upon the upper intestinal canal, it proves a good cathartic, as in the following:

℞ Podophyllin, gr. x.; Leptandrin, gr. xxx.; Aloes, gr. xx.; Extract of Hyoscyamus, ʒss. Make thirty pills. One of them at night will prove an excellent laxative, and those who employ cathartics freely will like the formula.

But it is not for this purpose that I would recommend Aloes, but for one that may seem very singular. In small doses it exerts a direct influence upon the waste and nutrition of the nervous system. In cases of feeble innervation, especially in persons of gross habit, it will be one of our best agents. I have usually prescribed it with Tincture of Nux Vomica or with Tincture of Belladonna. The dose of a strong tincture being from two to ten drops.

In some cases it will prove serviceable when associated with the bitter tonics, as in this: ℞ Extract of Nux Vomica, gr. vj.; Aloes, grs. xv.; Hydrastine, ʒss. Make thirty pills. One may be given three or four times a day.

Ammonium, Bromide of.—The Bromide of Ammonium is a stimulant to the nerve centers; increasing waste and improving nutrition. I have employed it principally in epilepsy, in some cases of which it is undoubtedly a *specific*. I do not think I can point out the exact cases in which it is likely to prove curative, as the evidences of pathological states in this disease are very obscure. Its use, therefore, will have to be empirical.

I have used it now for some ten years, and it has given excellent satisfaction. But whilst it has effected permanent cures in a large number of cases, it has only proven of temporary benefit in some, and has wholly failed in others.

I have used it in this proportion: ℞ Bromide of Ammonium, ʒss.; Water, ʒiv. A teaspoonful four times a day.

Ammonium, Iodide of.—Iodide of Ammonium increases retrograde metamorphosis at the same time that it exerts a stimulant influence upon the nervous system, especially the sympathetic system. Thus it can be employed with less risk than Iodide of Potassium, when the nutritive powers are feeble, as is the case occasionally in secondary syphilis.

It has been employed in certain cases of persistent headache with excellent results. They are those in which the eye is dull, the face expressionless, the circulation feeble, the patient being of a full habit. The dose will be: ℞ Iodide of Ammonium, ʒij.; Water, ʒiv. A teaspoonful every four hours.

Ampelopsis.—The Ampelopsis comes under the general classification of alteratives. It is a feeble agent in this direction and will have but a limited use. It would be well to have it thoroughly tested, and for this purpose I would suggest a tincture of the fresh bark, in doses of from one-fourth to one teaspoonful.

ART. LII.—*Anaplasty of the Eyelids*: BY PROF. Z. FREEMAN.

Miss. A., aged 13 years, fell into the fire about ten years ago, and burned the eyelids off both eyes; also, the nose and face extensively. In due time it healed, but left an unsightly cicatrix, which contracting drew the upper lids of both eyes upon the superciliary ridges and the lower lids down upon the face. Last spring when I saw her she was a most unsightly object. Her eyelids were as above described; the supercilia were drawn high on the forehead and the cilia in the original place of the supercilia. The tension of the contractile and cicatrized integument of the forehead was such that it separated the palpebral integument from the deeper tissues, and thus the superior palpebræ lay flat over the superciliary ridges, and had adhered firmly there. The palpebral conjunctiva of both lids of both eyes was exposed, reddened and engorged. The lids were never closed, and the eyes looked like two round holes bordered by a wide red ring. The nose was cicatrized and lay nearly flat on the face. The left angle of the mouth, from the large cicatrix on the face, was drawn up to near the everted lower eyelid.

There was no suffering from this condition, but the eyes were constantly exposed to the light, and to any particle of dust floating in the air; besides this, they presented a most forbidding appearance, the natural symmetry of the face being entirely destroyed.

To correct such a deformity of the face, the result of a burn, is often an exceedingly difficult task; for the tissues are so drawn and stiffened by the cicatrix, and are so unyielding, that extensive dissections have to be made, sometimes leaving large gaps to be filled up by granulation. The surgeon can never reasonably expect to perfect his job at one operation, but must operate as extensively as the case will warrant; and after the wounds have healed, and time has given the parts the best position they can regain from the previous operation, then the surgeon may resume the job, and with farther cutting and paring, finish, obtaining as near a natural appearance as possible.

After producing anæsthesia I proceeded to operate. An incision was made through the integument, commencing near the internal canthus, and one near the external canthus, extending obliquely upon the forehead above the superciliary ridge meeting to form an angle. Enough integument was thus dissected up, down to the ciliary margin, to form an eyelid. The tissue was thus loosened and the cilia drawn down with it to form an eyelid with a ciliated margin. To place the elevated supercilia in their natural position, an incision was made at each extremity, extending upward obliquely upon the forehead until they met. This angular piece of integument was dissected up and then drawn down until the supercilia,

which were few in number, were drawn down over the superciliar ridges. The gap was closed by loosening the adjacent integument by subcutaneous dissection, and drawing the sides of the wound together for an inch or more from the apex of the angle. This left a shorter angular gap into which I fitted the angular flap. The sides of the lower or first wound I approximated from the apex of its angle nearly an inch downward, and fitted the angular palpebral flap into the remaining gap, and thus covered the whole surface with integument, leaving no subcutaneous tissue exposed. The needful sutures were taken and tension on them obviated by strips of isinglass plaster. For the lower lids oblique incisions were made from the external and internal canthus to a point on the cheek, forming an angular flap, which was raised by dissection, and the lid elevated to its place. The gap on the cheek was filled as above by subcutaneous dissection and approximating the side of the wound for about one inch, and then fitting the angular palpebral flap into the remaining angular gap, crowding the margin of the lower lid as high as possible to supply a defect caused by loss of tissue at the time of the burn. The whole was secured by sutures and adhesive plaster as above.

This course was pursued with both eyes. Both eyes were thus covered, the first time for ten years; the lids were closed by eyelids with ciliated margins. An oblique incision was then made from a little beyond the angle of the mouth, on the left side, to near the apex of the angular incision on the cheek, made for the left lower eyelid, then across to the margin of the middle of the nose, not extending upon that organ, and then down the side of the ala of the nose, and obliquely to the middle of the upper lip. Subcutaneous dissection was made, and the parts were drawn down to as near their natural position as possible. The face on the left side was so gashed and the integument so stiff and cicatrized, I could not cover all of the subcutaneous surfaces, neither would it permit of drawing the mouth lower than the natural position, thus leaving room for such contraction as cicatrizing necessarily induces. The uncovered surfaces were too great to allow of enlarging them, so I took long and short sutures, where they were necessary, and protected and retained the parts in their position with adhesive strips. While the new eyelids remained swollen they were much thickened and quite stiff. There was also considerable conjunctival eversion, owing to contiguous irritation. This eversion of the palpebral conjunctiva, showed itself on the second day after the operation, but disappeared on the right side, and nearly on the left, as the swelling and inflammation passed out of the lids, and the patient commenced using the lids and opening her eyes.

In due time the sutures were extracted and adhesive plasters discontinued, excepting a few strips to keep the angle of the

mouth down as much as possible while the wound in the face was cicatrizing, thus antagonizing its contractile tendency.

As the contractile bands on the cheek were loosened the nose gradually became elevated, or the cheeks were drawn from its side, which gave it a more prominent and nearly natural appearance.

She left for home about four weeks after the operation. At that time the right eye was covered with both lids and she had a use of them to open and close them; the right eye looked quite natural. The left eye was not such a complete success on account of the greater amount of burning on this side and more extensive cicatrization. Still the lids would cover the eye, though not as perfectly as I should have preferred. The angle of the mouth was a little elevated. All the wounds, inluding the gap in the face, had healed. She had become much improved in her appearance and instead of being hideous, as she was before the operation, she had grown quite good looking.

I propose to finish the operation in about six months from date, when the tissues recover from the previous cutting and become firm, so as to bear it. By a few well directed incisions, subcutaneous and otherwise, I think I can mould the face to a more natural appearance, giving her some of those finer touches of beauty that her Creator originally designed she should have.

ART. LIII.—*Aloes; It should be Expunged from the List of Remedial Agents.* BY D. J. PARSONS, M. D., Braunsville, Mo.

I hold it to be a self-evident proposition that the therapeutic action and effects of every medicine should be carefully and thoroughly investigated; and every article that is found to produce injurious effects upon the human system, when carefully and cautiously administered, should be expunged from the list of remedial agents. It is, therefore, one of the highest duties of every member of the medical profession to subject the action of every medicine which he prescribes, or administers, to the most rigid analysis, and if he should find that its effects are detrimental he should at once, and forever, abandon its administration. Had this course been adopted and pursued by the medical profession, aloes would long since have been consigned to merited oblivion as a therapeutic agent; for there is not, in my opinion, another article in the wide range of the materia medica whose administration has inflicted as much injury upon the human family as this. I am aware that it is prescribed and administered by many men who stand high in the profession, and some might suppose that it is presumption in me to call in question their medical knowledge and intelligence, but in regard to their use and administration of Aloes I feel constrained to do so, for my own experience and obser-

vation have long since convinced me that it produces more harm than good, besides it is well known that many errors have been sanctioned and propagated by men of eminent professional attainments. Such is the disposition and constitution of man, that he is too prone to accept and cherish what has been taught him by men of reputation and learning for many centuries as true, without thinking and investigating for himself. This is evidently the reason that Aloes has been used as a medicine since the days of Dioscorides and Celsus, down to the present time. Medical men have doubtless overlooked the injurious and disastrous effects of this drug, and I am impressed with the belief that when the vail that has so long obstructed their intellectual vision shall have been drawn aside they will then plainly see the error into which they have fallen. I would, in all candor, inquire of my medical brethren the cause of the many thousands of cases of hemorrhoids, internal and external, which are now to be found throughout the length and breadth of the civilized world. The answer would be, if correctly given, that the administration of Aloes is the direct cause of at least nine-tenths of all these cases. This answer, at first thought, might seem erroneous, but, reader, pause and think for a moment, and then answer the following questions: How many patent cathartic pills—remember they all contain Aloes—do you suppose are taken in one year? and how many prescriptions containing Aloes are given by physicians in one year? These questions I know you can not correctly answer, but you would approximate to something like the truth if you were to answer a number that could scarcely be estimated. With these facts before us it is not at all strange that so many have suffered, and are now suffering, from that loathsome disease—hemorrhoids. If Aloes were essentially necessary in the treatment of any disease, some apology for its administration might be offered; but there is no disease that requires its use, hence, the physician who prescribes or administers it is left wholly without excuse, and should be held directly responsible, as in all other cases of mal-practice, for the great and positive harm which many times results from its administration. There is no dissension among medical minds in regard to the tendency of Aloes to produce hemorrhoids, but some assert that if properly combined (O, yes, if properly combined) its tendency to irritate the rectum is much diminished. This is not true. I care not how it may be combined, it is still Aloes, and Aloes irritates the rectum, and in thousands of instances gives rise to hemorrhoids, and hemorrhoids destroys the happiness of thousands of the fairest sons and daughters of creation. Let Aloes, therefore, be expunged from the list of remedial agents.

ART. LIV.—*Some Causes that have Retarded the Progress of Eclecticism.* By A. B. JACKSON, M. D., Westboro, N. Y.

To one who has witnessed the progress of events for a quarter of a century, the continued repetition of failure in certain organizations and efforts, is very suggestive. It is said that the world moves in cycles, but it was generally surmised that these occupied centuries, and that we could not see a dozen or more in twenty-five years. Yet when we look at English Statistics, and find that year by year things constantly repeat themselves in exact ratio—that a certain number poison themselves with arsenic; a certain number blow their brains out; a certain number are drowned—we are satisfied that it is not in the power of man to prevent these continued repetitions which I am about to name, and which we all deprecate.

Evidently stability in all our efforts is of the utmost importance. A medical college should be organized only when demanded by the public need, and should then be so organized as to continue its existence at least one generation. A medical periodical should gain strength year by year, until it becomes an element of the civilization in which it lives. A medical society should also have such elements of strength, that physicians interest will compell their attendance. But how is it with us, Eclectics?

I have knowledge of twenty Eclectic Medical Colleges, commencing with high sounding announcements, of remarkable professors, great facilities of instruction, of an intention to reform the world and crush out Allopathy. Yet, but one out of the twenty has survived, the others dying in infancy, or at best having a sickly existence for five or six years.

As some of our younger Eclectics may not have read the history of this reform, I will give the names of these colleges. We may commence with the Reformed Medical College of New York, established by Dr. Beach. This closed its career, after instructing about thirty students.

The Worthington College was the second in the list, holding its first session in 1839, continuing up to 1842; in all, twelve sessions, with about 300 students and 72 graduates.

The Eclectic Medical Institute of Cincinnati, is third on the list, and has had remarkable success, the last announcement showing 4,406 students since 1845.

Then we have the Worcester Medical College, Massachusetts; commencing a little later, and continuing about ten years, with some 300 students.

Then comes the Metropolitan Medical College of New York. The Syracuse Eclectic Medical College, New York. The Rochester Eclectic Medical College, New York. The Virginia Eclectic Medical Institute, Petersburgh, Virginia. Four Ec-

lectic or Semi-Eclectic Colleges at Philadelphia. One somewhere in Central Pennsylvania. The American Medical College in Cincinnati. The Eclectic College of Medicine in Cincinnati. The Louisville Eclectic Medical College. The Memphis Institute. The Reformed Medical College of Tennessee. The Reformed Medical College at Macon, Georgia.

The Eclectic Medical College of New York, established in 1867, is the last of this list, which is a pretty long one for twenty-five years.

Each of the colleges named, had a few students and graduates. Each had its heart burnings and private feuds. And each died of the same disease—a want of students and *fees*.

Of Medical Periodicals we have had one even baker's dozen, (13)—some of more than ordinary merit. But these, with but one exception, the Eclectic Medical Journal, died of marasmus (financial), like the colleges.

Of United States societies, I have seen notices of five distinct organizations (how many I know not), neither surviving to the third year. State and County societies seem to have been born to "early die" in the same manner; whether the new brood have more vitality, time alone can tell.

It seems to me that Eclectics have a right to ask for some stability. That when a college is organized, it shall represent a public want; have an able faculty, and sufficient pecuniary resources to live until it has made its way to public confidence. That medical journals shall be published by those who have something valuable to communicate. And that medical societies shall be organized for the public benefit, and not to grind an individual ax.

The great difficulty seems to be that we have a too abundant supply of wind—too many men who want the honorble title of Professor, or who like to see themselves in print.

But, Dr. Scudder, what does your college propose to do for the graduates of these defunct schools? They are good Eclectics, but their diplomas are worthless; at least, a person does not like to show a diploma from a college that has no existence. Can't the Eclectic Medical Institute say to all these: we will renew your diploma on your showing evidence of graduation and reputable practice?

*

[Dr. Jackson is in error in regard to some of the colleges named, which were Botanic, rather than Eclectic. Still the list is unpleasantly large. If they had all prospered, we would to-day be in the majority, instead of a minority.

The causes of failure have been the same in all—a want of students to support more than one or two institutions. This cause still exists. There are but about 250 Eclectic students yearly. Of this number the college at Cincinnati will get 175 in the Winter and Spring sessions; a portion will go to Ann

Arbor and Rush Medical Colleges, because they are near, cheap and good, leaving a small driblet for any new Eclectic college that may be started. Without pay, and with very little honor, a faculty will not work well together, and in from two to six years dissolves, and the school is ended.

This has been the case in the past, and it will very certainly be the case in the future, for the same causes exist. A student, therefore, who attends and takes his diploma at such a school, takes the risk of an imperfect and feeble course of lectures from men not properly trained and experienced, and the certainty that he will hold a defunct diploma in a few years.

The Eclectic Medical Institute has passed rules in years back, conferring their degree (when asked) upon graduates of the Worcester College, the Syracuse and Rochester Schools, and the American and the Eclectic College of Medicine of this city. Many have taken advantage of this, and now regard the Eclectic Medical Institute as their Alma Mater.

I regret this state of facts as much as any one can, but until our physicians take more interest in educating students, they cannot be mended.

With regard to our State Societies, those who have had them in charge, have sacrificed much for their success. Whatever might have been the case in the past, they are not run to grind any person's ax at present, but for the general good, and if they fail, the fault will be with those who should have attended them, and not with those who have done the work thus far.—EDITOR.]

ART. LV.—*One of the Evils of the Day.* By W. W. JOHNSON, M. D., Macon, Illinois.

Man is so constituted that he is never satisfied with his position in life, and is continually striving, either to make advancement in his trade or profession, or will try some other avenue that will lead to wealth or the object of his ambition, let that be what it may. One of the evils of our day in the medical profession, is a desire to worship at the shrine of a false God, one that should never be known by any honorable physician, only to despise and loathe—namely, quackery. Many who are dazzled by the glare of the apparent wealth in which the advertising quack rolls, have an itching palm, and look with longing eyes for the richer pastures on which it feeds. Others have an innate desire to trumpet their own fame, and can have no excuse for not keeping in the bounds of propriety. 'Tis with feelings of shame and mortification we would see any of the sons of our *Alma Mater* trail the standard of professional honor in the mire and filth of advertising humbuggery. I have nothing to say against any who chose to make themselves known in a way that is honorable.

Every physician should know almost intuitively the course to pursue, that will maintain his honor among his professional brethren, and secure the love, respect and esteem of his patrons. We will not for a moment assume that we have a greater proportion of advertising humbugs in our ranks than there are in others. Our brethren of one other school of medicine are governed by a code of ethics, defective, though the code may be, and illy suited to the requirements of our progressive age, yet that code will condemn the evil of which we write and expel them from their midst. They have an adequate remedy for the evil in so far as any complicity in that evil involves them, and can remove the stigma by putting him without the pale of the profession.

Recently one of our lady teachers of our public schools received through the post office a package of circulars, with a request for her to distribute them to her pupils, so that each family might get one or more. One of them fell into my hands. (To do the lady justice I will say she threw them in the stove, excepting one or two I found). I was astonished to find the name of a man who had received the degree of medicine from———college. The circular was embellished with a wood cut, representing the fellow's countenance, (I suppose,) and then followed his wonderful attainments, *viz.*: Could cure consumption in any and all its forms; all diseases of females, chronic and acute; surgical diseases; private diseases, gonorrhœa, syphilis, voluptuous dreaming, inordinate desire, &c.. &c.; and all diseases heretofore considered incurable yield to the wonderful discoveries of Dr.———, known only to him and never yet discovered by any living man. One part of the circular was devoted to extolling his female pills, and his preventive of conception. Ladies being in *enciente* must not take them, as they will invariably produce miscarriage, etc.

How the cheek tingles with shame when I remember that it was from the same honored institution that conferred the degree on me, also gave it to him; and at the head of his circular—Dr.———is a graduate of———college, stands out in bold relief.

From a puff in some little country cross road's newspaper of the virtue of Dr. A's tobacco antidote; also Dr. A, the travelling physician, etc., up to the occupancy of one-half of a large daily, the evil runs. How can the evil be remedied. Can we not have our college charter so amended as to revoke the diploma of any physician who in an improper and indecent manner seeks to foist himself on the public, or who will engage in the manufacture of nostrums and secret remedies, or who makes a specialty of private diseases, or who will so far forget his honor as to make a blowing horn of all the newspapers he can hire. Expel them from our midst, and hold no intercourse

with them in any form, but try and bring public opinion up to the point that will treat with proper severity all forms of quackery.

To the younger members of our noble profession—remember that only by an honorable and upright course can they succeed. Be assured that only by such a course and a proper appreciation of the magnitude of your calling and persevering well directed effort, with thorough study can the greatest success be obtained. With such a broad and lasting foundation on which to build, you will become an honored and respected member of society, be esteemed and beloved by your friends and patrons, and have the proud satisfaction of leaving behind you an honored name, which is better than great riches.

ART. LVI.—*Parturition without Pain.* By L. T. BEAM, M. D., Ligonier, Pa.

The *Lancet*, May 24, 1862, contains a description of a new anodyne mixture, to be used by inhalation; introduced by James Townley of Edinburgh. The mixture is prepared as follows: ℞ Alcohol, ℥ij; *Aromatic Tincture, ℥j; Chloroform, q. s.: M. The quantity of chloroform added is just short of the production of a turbid state of the fluid. The aromatic tincture makes it pleasant to inhale, and also appears to prevent the sickness which would otherwise, sometimes arise from long continued inhalation. In the absence of the aromatic tincture, Aqua Cologne may be substituted.

The object to be attained is to so far influence the nerves of sensation as to prevent pain, without producing unconsciousness. To effect this, the following directions are given: "The woman in the upright or recumbent position, as the case may be, holds the inhaler in her right hand. She is then directed to take a full inspiration, and to apply the inhaler to the mouth and nose. She is then to breathe rapidly for six, eight, or more inspirations, (the inspirations and expirations being equal,) only with the diaphragm and abdominal muscles, the chest being kept a fixture all the time. The inhaler should then be removed immediately, and one or two full, deep, quick chest inspirations taken. This will be found sufficient to relieve all pain, and there will be no loss of consciousness. During the whole process it is desirable to have a full light upon the face, to watch the countenance and feel the pulse occasionally, and to observe the pupils. These, in some cases, are very quickly affected, and then the inhalation requires to be suspended for a time."

*The Tincture is prepared with nutmegs, one drachm; cloves, two drachms; pterocarp chips, a drachm and a half; water, four ounces; alcohol, five ounces mix.

Mr. Townley, up to the time of his report, had given the anodyne mixture in 216 cases, without seeing any bad result; and after mentioning a number of instances in which the previous labors had been very severe, or complicated, he concludes that—"1st. It is possible for a woman to be delivered with less pain, from the beginning to the end of her labor, than a rhubarb draught would occasion. 2nd. It is possible to afford that relief without interfering with the regular and natural action of the heart or brain. 3rd. It is possible for the child to be born without the mother experiencing any pain whatever, while at the same time she retains her consciousness, and power to bear down when told to do so; and the first knowledge of the birth of her child shall be from hearing it cry. 4th. That when a woman is confined without suffering pain, although she shall have had inflammation after each of six previous labors, the prevention of the suffering will have the effect of preventing the usual inflammation. 5th. That by preventing the suffering of labor the woman does not lose her strength, and always has a speedy recovery."

ART. LVII.—*Bromide of Potash in Epilepsy*: By A. JACKSON HOWE, M. D.

It is not my intention to say a word about the pathology of epilepsy, or attempt to give even a speculative consideration of the *rationale* of the action of the medicine upon the disease. My design is merely to report several cases that have been treated by myself during the last two or three years.

1st. Jane Fallens, nine or ten years of age, had suffered with epileptic paroxysms for several years, and had taken a variety of remedies with no relief. Reading in the medical journals that the Bromide of Potash was a "specific" for epilepsy and some other conjestive states of the nerve centers, I prescribed the remedy. My prescription called for three or four grains of the salt, dissolved in a teaspoonful of water, three times a day; or, it was written as follows: ℞ Water, f℥iv.; Bromide of Potash, ℥ij. M. Dose, teaspoonful three times a day.

The prescription was refilled several times at the apothecary store; and the medicine was taken, with considerable regularity, for a year or more. There was but one paroxysm after the medicine had been taken, and that occured at an interval in which the medicine was not given, after the first bottle gave out. I then ordered that the vial be refilled as soon as it was empty, and that the medication be kept up for a year. The girl is now perfectly well, and has taken no medicine for more than a year.

2nd. Willie Young, aged eight years, an epileptic from infancy. The Bromide of Potash, given at intervals, in a little smaller doses than in the first case, cured him.

3rd. John McFrazen, thirty-five years old, a farmer, and married. He told me he had suffered from "falling turns" for ten years or more. The paroxysms were, according to his wife's description of them, epileptic. The patient would have a "fit" every day for a week, then miss them for several weeks. No influence was known to excite them. He sometimes fell in the field while ploughing. He "allowed" they were worse in the spring and summer. I prescribed as follows: ℞ Pulverized Hydrastis Canadensis, ʒj.; Pulverized Cubebs, ʒj.; Pulverized Bromide of Potash, ʒss. M. Dose, what will lie on a dime, in water, four times a day. I made the prescription over a year ago and told him to get it repeated if it did him any good. A few days ago I met him on the road and learned from him that he had never "fallen" since he began to take the medicine. He had repeated the prescription several times.

4th. Mrs. M., twenty-two years of age, suffered from epileptic spasms every two or three months; had been subject to the paroxysms from childhood. Eminent physicians, who had seen her in the spasmodic state, pronounced the disease epilepsy. I gave her Bromide of Potash, in six or eight grain doses, three or four times a day. She had just come out of a paroxysm when I first saw her. She was sleepy and languid, as such patients usually are, following an attack. I made the prescription to call for just twice as much of the salt to the same quantity of water as in the prescription written for the first case. The patient has never had a violent paroxysm since, now more than a year. She thinks she had a light attack once, and that occurred when she had taken no medicine for several weeks.

5th. Wm. Lowden, common laborer, suffered from "falling fits" for twenty-four years. Physicians who had seen him in the paroxysms called them epileptic. I gave the same prescription to him that I did to Mrs. S. He has now been taking the medicine for three months, and has not had a paroxysm since he began with the medicine, though he had "fallen" every two or three weeks before that time.

I have prescribed the Bromide of Potash in several other cases, from a few of which I have no report. In two instances there was no marked improvement. In two other cases the paroxysms were lessened in frequency, and mitigated in severity, but the cure was not complete. I began the use of the remedy without much expectation of marked results, but now I feel that the agent is one of the most valuable in the materia medica.

I employ the agent in threatened puerperal convulsions; and in some varieties of disordered menstruation, and have observed beneficial effects. It favors sleep in the insomnolent, and lessens neuralgic pains in many instances.

ART. LVIII.—*Cases in Practice*: By M. F. DUMAS, M. D.

During the last six years I have treated over one hundred severe cases of cholera morbus on the following plan:

If it is a severe case, and I am called late, I order a warm sinapism and saline pediluvium, mustard plaster, or chloroform liniment over the gastric region; then the following specific: ℞ Chloride of Sodium, grs. lx.; Concentrated Tincture of Lobelia Seed, gtts. xxx.; Aqua, f℥iv. M. Of this I give one teaspoonful every thirty minutes until vomiting ceases; then every second hour for twelve or twenty-four hours. Usually the second dose stops the vomiting, cramp and purging; sometimes the first, and perhaps the second dose is vomited up, but have never known the third to be rejected.

In twelve or twenty-four hours I have to administer cathartics in order to procure an action. My favorite in these cases is—℞ Leptandrin gr. j.; Podophyllin, gr. ½; Capsicum, grs. ij. Unless it is a severe case I leave off the counter-irritants and pediluvium, and depend on the above remedy alone. Generally the patient goes off into a natural quiet sleep after the third dose, and wakes up in two or three hours entirely clear of of the disease. The above dose is for adults; children in proportion, according to age and circumstances.

A Severe Case of Malarial Paralysis. Last October was called to see Newton Rap; found him in bed, complaining of cramp in stomach and bowels; with persistent constipation; gastric uneasines; pain, fullness, and throbbing in head; restless and much distressed; aching of limbs; tongue heavy coated; thirsty; urine highly colored and acid; jaundice; great weakness; sensation increased; motion entirely lost, could not move a toe, finger, muscle, or head; sluggish circulation; weak pulse; surface cool; perspiration defective; hyperæsthesia and temperature increased every other day.

Treatment.—Podophyllin, grs. v.; Leptandrine, grs. x.; Capsicum, grs. xx. M. Divide into ten powders. Dose, one every third hour until catharsis ensued. In the mean time had the spine, chest, and extremities bathed with Chloroform Liniment and Tincture Capsicum, aa. So soon as bowels moved, gave ℞ Quinia Sulphas, grs. v.; Capsici Pulvis, grs. ij. every third hour. And one of the Leptandrin powders, as above, morning and night. In ten days patient was as well as ever, and at work on his farm.

A Case of Paralysis of the Laryngeal Nerves. Last November Mrs. Colonel Ozier applied to me for counsel. Said for twelve months or more she had not been able to sing; and her voice had failed so fast that she was fearful she would lose it entirely

I prescribed, gtts. xxx. of the Comp. Tonic Mixture, *ter die*, in water. In six weeks time her voice returned, and now can sing and talk as well as ever.

Gonorrhœa. During the past twelve months I have treated fifteen cases of recent gonorrhœa, and cured them in from three to seven days, as follows: ℞ Leptandrin, grs. xx.; Hydrastin, grs. xx.; Podophyllin, grs. x.; Macrotin, grs. x. M. Make twenty pills. Dose, first three pills, then one pill every night afterward. Injections, ℞ Argent Nitri. Fus., grs. v.; Aqua Rosae, f℥viij. M. Inject four times a day. When through with this continue injections of Decoction Hydrastis Canadensis, ter die. And take the following from commencement: Concentrated Tincture of Asclepias, Incar, f℥ij.; Tincture of Gelseminum Semp., f℥j.; Nitrous Ether (sweet), f℥j.; Mucilage Acacia, f℥iv. Dose, one teaspoonful, *ter die.*

PERISCOPE.

Iodide of Ammonium in Diseases of the Glandular System: By Dr. J. Waring Curran.

The Iodide of Ammonium in diseases of the glands I find by experience a much more active therapeutic agent than that of the Iodide of Potassium, whether internally administered or locally applied. In the following forms of glandular disease I can testify to its efficacy and curative properties, and have no hesitation in pronouncing it one of the best preparations with which I am acquainted.

Goitre.—There is no part of England wherein I have seen more cases of bronchocele than at Bacup, a cotton manufacturing valley, about twenty miles from Manchester. Sixty per cent. of the female population suffer from goitre in some shape or form. The usual history is, that it commences "during the pains of the first labor." I have had ample opportunity of remarking the accuracy of the statement that there was a connection between goitre and the uterine functions, that the gland became enlarged during the menstrual period, and particularly so in old goitres in women about change of life, when the discharge is scanty and the color altered. All the several varieties of bronchocele are to be seen in the valley of Rossendale. One patient is so unfortunate as to possess one which I am confident would weigh fourteen pounds; it extends over the clavicles and sternum, upon which latter it rubs, and causes little inconvenience apparently. The enlargement has been steadily increasing for thirty-seven years.

Cases of incipient goitre treated soon after their being first observed with the Iodide of Ammonium made good and permanent recoveries. I prescribe the Iodide thus: ℞ Ammonii Iodidi, grs. xl.; Spiritus Chloroformi, ℥ij; Aquæ Camphoræ ad ℥viij.; Cup. ℥j.; ter in die.

At the same time I direct the following cerate to be rubbed into the growth night and morning: ℞ Ammonii Iodidi, ʒij.; Glycerini, ʒij.; Adipis Benzoat, ʒjss.

In some few cases I have obtained great benefit by stopping the Iodide of Ammonium mixture for a few days, and substituting the Hypophosphites of Lime. Hitherto I have inwardly given the old standard formula of Iodine with Iodide of Potassium, but a more extensive field in the treatment of the complaint convinces me of the superiority of the drug I advocate.

Tabes Mesenterica.—The local application of the Iodide of Ammonium ointment over the abdomen, and the internal administration of the same drug—the age of the patient guiding the dose to be exhibited—surpass any form of treatment previously had recourse to. Of course the convalescence is slow, and cod-liver oil or glycerine, pancreatine and suet and milk must be given; but these I include more among the articles of diet than the medicines of the physician. A steady perseverance with these means effects much good. The Iodide of Ammonium appears to reduce the size of the enlarged glands whose functions are impeded, and to permit the process of assimilation to go on its natural way.

Strumous enlargement of the lymphatics, wherever situated, if treated before pus has actually formed on the areolar tissue covering the part disorganized, will, as a rule, yield to the Iodide of Ammonium, combined with a generous diet and change of air. I have before me, in my case book, the history of a girl, aged eleven years, who had long suffered from strumous enlargement of the cervical glands, the sequelæ of scarlet fever. She had taken Syrup of the Iodide of Iron, Parrish's "chemical food," Iodide of Potassium, Quinia, and Cod Liver Oil, but without effect. As a last resource, and it was one of the first cases wherein I prescribed it, I directed her to take three-grain doses of the Iodide of Ammonium twice a day, and to apply the cerate containing the same prepartion. I had the satisfaction of observing day after day the well-marked gradual diminution of the glands, and the speedy restoration to health. The relatives informed me afterwards that their patience was so exhausted with the girl failing to improve, that they were in the act of calling in further advice. Had such been done and the Iodide of Ammonium prescribed, the consequences would have been unpleasant in the extreme. And how often is it that members of our profession obtain a notoriety through similar occurrences, while in one or two instances I know they had not the honesty to give credit where it was actually due and well won, but retained for themselves a success to which they were far from entitled.

Simple strumous adenitis gives way more rapidly and with better results under the Iodide of Ammonium than any other treatment.

Sympathetic bubo has, in four cases which I have specially treated with the medicine advocated, terminated so satisfactorily that I can not refrain from recording the circumstance.

Enlargement of Spleen after Ague.—I had an opportunity last August of testing the therapeutic effect of the Ammonium in some cases of enlarged spleen in a most fenny district of South Lincolnshire. Although the benefit was not permanent in any of the cases, as I believe it was not persevered in for a sufficient length of time, yet, during the period the drug was being administered, the more immediate symptoms appeared to yield to it.

Chronic hepatic enlargement has, in several instances, been recorded in my case book, where Blue Pill, Podophyllin, Taraxicum, and Nitro-Muriatic Acid have proved inert, turned out as cured. I can strongly recommend the drug in this disease, but I invariably blister the hepatic region first, and then dress the blistered surface with the Iodide of Ammonium Cerate.

Tubercular sarcocele was treated in three instances by the Iodide of Ammonium. In two of the cases there was a syphilitic history, and as the patients were pressing for a speedy rather than an effectual recovery, I combined four drachms of Blue Ointment with the Iodide of Ammonium Cerate, with the best effects subsequently; so that I am unable to give all the credit to the Iodide of Ammonium—a drug which my experience teaches only requires to be fairly experimented with in order to be more generally employed in diseases of the glandular system.—*Medical Press and Circular.*

Cold Water Treatment of Typhoid Fever.

The Vienna correspondent of the *British Medical Journal*, (June 12th, 1869,) states that "Bamberger's treatment of typhoid fever, by means of cold water, is almost universally employed here, and the success with which it has been followed is considerable. Dr. F. Porges informs me that, of seventy cases so treated during the last few months, only four died; and of those four, one died from tuberculosis, and the other three from perforaton of the intestine. He states that by Bamberger's treatment he has often succeeded in lowering the temperature one degree or a degree and a half centigrade in the course of three or four hours; that the fever, after the lowering of the temperature, runs a more favorable course; and that the period of convalescence is considerably shortened. I have only had one opportunity of seeing this treatment put in practice. The patient was a stout, strong man, about twenty-five years of age, who was supposed to be suffering from typhoid (the diagnosis was doubtful). He had some headache; the pulse was 100, weak; the temperature 40.8

degrees centigrade. The man was stripped naked, and the bed covered by a large piece of water-proof sheeting. A tub was then brought, filled with water, in which two or three large lumps of ice were floating. A sheet was wrung out of this ice-cold water, and in it the patient was enveloped from his neck to his feet. At the end of twenty minutes this sheet was removed, and a fresh one applied; and so on every quarter of an hour for three hours. The process was commenced at six in the evening and finished at nine. The temperature of the patient was diminished to 38 degrees centigrade; and when I saw him the next morning he was apparently well. Unfortunately, however, the case was pronounced to be one of 'hyperæmia cerebri,' and not typhoid fever; but I have nevertheless given it as a sample of the treatment after Bamberger's method"

Ergotine after Amputation.

At a meeting of the French Academy on the 30th of November, M. Bonjean sent in a note to the effect that when Ergotine has been given after operation, the mortality is thereby much diminished. M. Bonjean states that at the hospital of Saint Andre, in Bordeaux, the mortality after amputation, which had been three-fourths, has been reduced for the last year to one-fifth. The surgeons at the hospital give the patient, immediately after the operation, and for a space of fifteen days, from two to three grammes (from 1.2 to 1.9 dwts. troy) in a draught. The chief remedial effect of this is to diminish or prevent suppuration.—*The Practitioner.*

Characters of Good Meat.

Dr. Letherby, who has had great special experience during several years in the city of London, describes the following as the characters of good meat:

1. It is neither of a pale pink color nor of a deep purple tint; for the former is a sign of disease, and the latter indicates that the animal has not been slaughtered, but has died with the blood in it, or has suffered with acute fever.

2. It has a marbled appearance from the ramifications of little veins of fat among the muscles.

3. It should be firm and elastic to the touch, and should scarcely moisten the fingers—bad meat being wet, and sodden, and flabby, with the fat looking like jelly or wet parchment.

4. It should have little or no odor, and the odor should not be disagreeable; for diseased meat has a sickly cadaverous smell, and sometimes a smell of physic. This is very discoverable when the meat is chopped up and drenched with warm water.

5. It should not shrink or waste much in cooking.

6. It should not run to water or become very wet on standing for a day or so, but should, on the contrary, dry upon the surface.

7. When dried at a temperature of 212° or thereabouts, it should not lose more than from 70 to 74 per cent. of its weight, whereas bad meat will often lose as much as 80 per cent.

Other properties of a more refined character will also serve for the recognition of bad meat, as that the juice of the flesh is alkaline or neutral to test-paper, instead of being distinctly acid; and the muscular fibre, when examined under the microscope, is found to be sodden and ill-defined.—*British Medical Journal.*

Iron Sugar.

A new preparation of iron has been recently introduced into medicine by M. C. Chautrand, under the names of *Sucre Ferrugineux.* It is in the form of small distinct cubical crystals of cane Sugar, having a reddish-brown color due to the presence of a portion of peroxide of iron in a soluble condition diffused in and upon each crystal. When introduced into cold water it dissolves, forming a deep red solution, only a trace of the oxide of iron remaining insoluble. If the solution be boiled or kept for some time, the oxide is precipitated.

This preparation appears to contain nothing but a pure hydrate of peroxyde of iron associated with the cane sugar. The proportion of the iron present is not large, but the compound is pleasant to the taste, and is intended to be taken in doses of two or four teaspoonfuls half an hour after meals.—*Medical Press and Circular.*

Distended Pericardium, Threatening Death; Relieved by Paracentesis.

Mr. Wheelhouse, records (*British Medical Journal*, October 10th, 1868) the following case, which he attended with Dr. Allbutt, September 18th, 1868:

C. S., a gas-pipe layer, was admitted into the Leeds Infirmary, under the care of Dr. Allbutt, suffering from very acute rheumatism, both muscular and arthritic, accompanied by dyspnœa and oppression. On examination, the pericardium was found to be considerably distended with fluid, and there was acute pain in the region of the heart. A large blister over the heart, and full alkaline and opiate treatment, were ordered for him.

On the 19th, at 11.30 P.M., Dr. Allbutt was urgently summoned to the assistance of this poor man, who was said to be dying. On reaching his bedside, found that this statement was unfortunately only too true; and having, in the practice

of the late Professor Trousseau, seen three or four instances in which the operation of paracentesis pericardii was resorted to for the relief of similar conditions, he determined to seek surgical aid for his patient.

I reached the patient within half an hour, and found him sitting up in bed, his head resting on his hands, his elbows on his knees, struggling for breath. He was covered from head to foot with a copious cold sweat, and his hair was dripping; his skin was dusky and cold, his eyes sunken and glazed, and for two or three hours he had been unable to speak.

The case needed but a few words of explanation from Dr. Allbutt, who, telling me that he believed all medical treatment was exhausted, asked my opinnion as to the possibility of saving the man by paracentesis. I believed that there was, so far, no successful case of this operation on record; but, with dissolution staring the man so closely in the face, I felt that, at all events, he could not possibly be placed in a more critical condition by the operation, and therefore determined to give him the chance. I rapidly mapped out the area of pericardiac dullness; and, bearing in mind the *normal* position of the heart, I assumed what would probably be its *altered* position. My object was to strike the sac at the lowest possible point, and to avoid coming in contact with the thin walls of the distended auricle.

I chose for my purpose a small trocar. This I placed on the upper margin of the fifth rib, half an inch to the left of the sternum; and inclining it upwards and inwards, thrust it steadily forwards through the intercostal space towards what I believed to be the center of the ventricle. I pushed it onwards until I could distinctly feel the movements of the heart with the instrument; and then, sheathing the point, I advanced the canula well up to the heart, until I could feel and see, and demonstrate to those around, the impulse of the heart as communicated to the instrument. The trocar was then withdrawn, and the fluid allowed to escape. This it did at first in a steady stream, which soon subsided into a saltatory flow coincident with the heart's contractions. The fluid consisted of a pale pink coagulable serum, and, upon the whole, about three ounces escaped. During the operation the patient gradually obtained relief; and after the canula was withdrawn, the bed-rest was removed, and he was able to lie down. The breathing was relieved, and was now only 36 per minute; and he was able to whisper to us that he felt unspeakable relief. The pulse had lost its rapid and struggling character, and could easily be counted, its number being about 110. The area of dullness was decidedly diminished. The operation was followed by several threatenings of syncope, which were, however, warded off by large and repeated doses of brandy, all other medicines being omitted.

Next day, the cardiac dullness had not increased; but in the evening the breathing became more labored, and considerable delirium came on. Another large blister was placed on the region of the heart, and half a drachm of Liquor Morphiæ was given; ten drops were also ordered to be repeated every six hours. From this time the patient steadily improved, and on October 13th was discharged, cured. On his discharge, the pericardial dullness was little, if any, beyond the normal extent. There was a loud blowing systolic murmur heard over the apex.

Such is the case, as you will find it briefly recorded by Dr. Allbutt; and my only object in bringing it again before you at the present time is, first, that I may say that the cure has continued perfect, and that the patient is still alive, and able to follow his employment; and secondly, that I may contrast the method by which I performed the operation and attained perfect success, with that adopted by Prof. Trousseau in, I believe, every instance with a fatal result.

I used the simplest means I could think of; disturbed the natural relations of the important viscera with which I had to deal as little as possible, and was content with present relief, leaving all after-conditions to chance. I felt that, with a small trocar and canula, I could do very little harm, unless I had the ill fortune to strike the distended auricle; for I could not doubt that a light hand would so easily recognize the touch of the ventricle that any chance of its penetration was remote; and, having succeeded in withdrawing the fluid, and in obtaining decided relief to the laboring heart, I was content.

In Professor Trousseau's case, on the other hand, a very different plan was adopted. A free incision along the intercostal space was followed by a studied exposure of the bag of the pericardium; the pericardium itself was next laid freely open and evacuated; and finally, in the hope, I presume, of insuring its after adhesion to the walls of the heart, it was washed out with an iodized solution. I feel that had I, in the present instance, adopted this more heroic plan, my patient would undoubtedly have died before I could have completed the operation.

I attribute my success, then, to the simplicity of the means adopted; and I think that the case proves that, when all other means have failed, a distended pericardium may be tapped with safety, and with a fair prospect of rescuing a patient from the jaws of immediate death.

The Treatment of Joint-Affections by Continued Extension. By Professor Volkmann.

Professor Volkmann reports favorably of the method of continued extension in the treatment of diseases of certain

joints. He has applied it with great success for hip-joint disease and affections of the vertebral column. In disease of the knee-joint, the results of this proceeding have not been found equally satisfactory.

The cases in which continued extension was practiced by Volkmann were generally those of acute, painful, and rapidly progressive coxalgia, and Pott's disease of the spine without much deformity. Anchylosis, extensive infiltration of the soft parts, periarticular suppuration, and chronic disease accompanied by formations of granulations between the bones, are all contra-indications of this plan. The application of a weight, generally a sand-bag, to the extremity of the affected limb in disease of the hip, removes pain and the tendency to muscular contraction, and also, by bringing the femur parallell to the axis of the body, serves to prevent great deformity and a faulty position of the thigh with regard to the pelvis. Professor Volkmann bases his practice upon the view that ulceration in joint-disease is produced by the close contact and pressure of inflamed synovial and cartilaginous surfaces. This, he thinks, is proved by the facts that the caries are most intense at the hard parts placed in contact, and that a cure is generally brought about after the luxation of the limb, after resection, and even after removal of only one of the diseased articular surfaces.—*British Medical Journal.*

General Principles of Neuro-Therapeutics. By JOHN CHAPMAN M. D., M. R. C. P.

The following propositions, quoted from Dr. Chapman's work on *Diarrhœa and Cholera*, constitute a summary statement of the principles fully explained in his interesting and valuable *brochure on sea-sickness*:

1. That the chief function of the sympathetic nervous system consists in regulating the diameters of the blood-vessels throughout the body.

2. That when the sympathetic ganglia are in a state of maximum hyperæmia, the nervous effluence from them to the muscular coats of the arteries to which they are severally related, stimulates them so excessively as to induce in them a condition of tonic spasm—a spasm so intense as to result in shutting off the blood altogether from a large proportion of the peripheral arteries.

3. That when the sympathetic ganglia are in a state of maximum anæmia, the nervous effluence from them to the muscular coats of the arteries to which they are severally related becomes so extremely feeble that a condition resembling paralysis is induced; the muscular coats of the arteries become consequently extremely relaxed; and as the blood flows in the direction of least resistance, the parts supplied by the arteries

in question become suffused with blood to an excessive degree.

4. That when the spinal cord is in a state of hyperæmia, cramps of the involuntary muscles surrounding the alimentary tube, cramps, or even convulsions of the voluntary muscles, an excess of glandular activity, and an excess of sensibility (hyperæsthesia) are likely to ensue.

5. That every gland and glandular follicle in the body is under the control of one motor nerve (which I call the *positive motor*) emerging from the cerebro-spinal system, and distributed to its secreting cells in order to regulate its functional activity; and of another motor nerve (which I call the *negative motor*) emerging from the sympathetic system, and distributed to its artery or arterial twig, in order to regulate its blood-supply.

6. That in the same manner as glands are supplied with positive, as well as with negative motor nerves; so, there is reason to believe every tissue of the body is thus supplied, and is thus placed and sustained in a state of elective affinity for the elements of the blood requisite for its nourishment and functions.

7. That the sympathetic ganglia and the spinal cord can be rendered hyperæmic or anæmic, artificially, by means of heat, in the one case, and cold in the other, applied along the spine.

8. That cold applied along the spine will subdue cramps, or excessive tension of both voluntary and involuntary muscles, will lessen sensibility, will lessen secretion, and will increase the general circulation and bodily heat.

9. That heat applied along the spine will (in some cases) induce cramps of both voluntary and involuntary muscles, will increase sensibility, will increase secretion, and will lessen the general circulation and bodily heat.

Intellectual Work and the Temperature of the Head. By J. S. LOMBARD, M. D.

Dr. J. S. Lombard, by means of an exceedingly delicate thermo-electric apparatus, has made some highly interesting experiments on the influence of cerebral activity on the temperature of the head. He finds: 1st. That in the state of cerebral repose (during night) the temperature of the head varies very rapidly and frequently. 2d. The changes are very small, scarcely reaching the hundreth of a degree centigrade. 3d. In proportion as the activity of the brain increases, the temperature is found to rise. 4th. Any cause attracting the attention (a sound, the sight of an object or a person) produces an elevation of temperature. 5th. Very active intellectual work produces a much more marked elevation

of temperature than in the preceding cases. It does not, however, exceed a twentieth of a degree centigrade. 6th. An emotion, or reading aloud anything of great interest, causes an elevation of temperature. It is not the movement of the heart or of the muscles which, under these circumstances causes a rise in the temperature of the head. 7th. During very arduous intellectual work, the temperrture of the limb falls even as much as a quarter or half a degree centigrade; in fact, no doubt (but only in part,) owing to the immobility of the body. 8th. It is in the region of the occipital protubèrance that the elevation of temperature had its chief seat in the preceding experiments.—*Quarterly Journal of Science.*

Case of Poisoning by Arsenic externally applied. By THOMAS GRAHAM, M. D.

Mrs. L., aged thirty-nine, married fifteen years, and mother of eight children, weaned her youngest child, aged about twenty-two months, in March last. Her constitution was debilitated by over-lactation. Immediately after weaning her child she had a "weed," accompanied by fixed pain and induration of the right breast. Poultices were applied for some weeks, and about the beginning of May, two punctures with a lancet were made in the indurated part of the breast; a small quantity of bloody pus flowed from the punctures; poultices were continued; the induration was not diminished. The patient had been reading a description of cancer in some popular work on Domestic Medicine, and she became convinced that the pain she felt in her breast was the same as that described in the book as indicative of cancer. Her husband, who had heard of several persons having been cured of cancer by Alexander Patterson, called him in to see his wife. Patterson stated that the tumor was cancerous, and the case was committed to his care.

The treatment was commenced by removing the cuticle from the indurated part of the breast by a blister, the raw surface was then dressed with an ointment, smeared upon a piece of calico of exactly the same size. The first application was on Thursday, the 21st of May, and was immediately followed by a severe burning pain in the breast. Violent headache, thirst, sickness, and occasional retching; numbness in the arms and legs, sleeplessness and loss of appetite supervened in a short time. The ointment was applied daily till Monday, the 25th, when Patterson again saw the patient; he examined the breast, and remarked that she was doing well. He had given directions that should vomiting occur, or the pain in the breast become very severe, a poultice was to be applied.

Shortly after this visit on the 25th, the pain in the breast

became intolerable; faintishness and palpitation of the heart were complained of, and a poultice was applied to the breast over the ointment. The pain was alleviated, but the constitutional symptoms continued. Inflammatory action extended from the breast to the shoulder and arm. There was no fresh application on Tuesday, the 26th. On the evening of that day the patient complained of a severe pain in the belly, which was somewhat relieved by a sinapism. Next morning she said she never could survive such another night's suffering. On Wednesday, the 27th, the points of the sore not sloughing were smeared with ointment, applied by the finger, and the cloth which had been applied on the 25th, was replaced. About 2 o'clock in the afternoon the patient was seized with a kind of fit, with lividity of the face, foaming at the mouth, and moaning; to use the husband's expression, like "a half-felled cow." She continued unconscious for several minutes, and on regaining consciousness, said she had been in a queer place, that she felt, as it were, a dart go through her, that she then became insensible, and had no further recollection of what happened to her during the fit. A poultice was again applied, also over the ointment, and an enema administered.

During the afternoon the patient expressed herself as feeling much better than she had done since the commencement of the treatment, took more food, and with greater appetite than she had experienced for weeks, and altogether was very hopeful that her pains would soon be over, and her recovery certain. Between nine and ten o'clock the same evening she suddenly said, "there it is again," went off in a fit, and died immediately. Thirst had continued to increase during the whole course of the treatment. Palpitation of the heart had been persistent from the 25th. The bowels had been constipated.—*Glasgow Medical Journal.*

Treatment of Disease of the Lachrymal Sac. By Prof. Alfred Graefe, of Halle.

The author suggests one or two new points. To aid in voiding the sac of secretion, he causes the patient to perform the manœuvre of Valsalva; namely, blowing forcibly while mouth and nose are closed. If this be done immediately after a probe has been passed, the air will find its way into the lower end of the nasal duct and escape by the canaliculi, bringing with it more or less of the catarrhal secretion. For two or three days only will this manœuvre be practicable, when another introduction of the sound will permit it to be repeated for another period. To avoid the accident of emphysema, which might ensue if the probe have torn the mucous membrane, Professor Graefe cautions us to put the finger lightly

on the sac, as the patient is blowing for the first time. After the passage has been dilated a little, there is slight danger of this occurrence.

Professor Graefe also uses a douche apparatus, recommended by Dr. Herzenstein, in place of a syringe, for effective cleansing of the passages—a small tube is inserted into the canaliculus, and this by a flexible tube connected with a pump.

But cases are sometimes met in which the stricture is wholly overcome, and the catarrhal secretion dried up, while epiphora continues. In one such case the cause was found to be hypertrophy of the caruncle, which, by pressing on the canaliculus, impeded the entrance of tears. The excision of the caruncle relieved the epiphora. The mass need not be very large to cause such trouble; and in cases where the duct is brought to proper size, the catarrh of the sac is cured, the eyelids are in correct position, and the muscular apparatus sound, and yet epiphora continues; Professor Graefe recommends the trial of this operation of excision of the caruncle.—*New York Medical Journal.*

Belladonna in Infantile Icterus. By J. WARING-CURRAN, L.K.Q. C.P.I., &c.

Dr. Waring-Curran is of opinion that the bile in cases of *infantile icterus* is not *suppressed* in its secretion, but that it is *retained*, that the liver and gall-bladder become surcharged and distended, that little if any bile passes through the *ductus communis choledochus*, and he has reason to think that the mischief lies either in the duodenum or common bile-duct—that a spasmodic condition of these parts, from the irritation or passage of the bile through the delicate structures, is the cause of the mischief. The duct becomes spasmodically closed, the bile, instead of being eliminated as it is secreted, is blocked up in the liver, and we have re-absorption of it taking place into the blood.

A few months ago Dr. Waring-Curran had the opportunity of making a post-mortem examination of a child aged seven days, who died from an injury to the head produced by falling from the nurse's arms. It had been previously out of health, and from the generally tinged condition of the skin, Dr. Curran was induced to examine the liver. He found it preternaturally large, distended with bile, and in carefully examining the duodenum and common bile-duct, he found the duct narrowed, and the characteristic tinge made by fresh bile entirely absent. He came then and there to the conclusion that the duct had been spasmodically closed during life, and thus the egress of the bile prevented.

That Dr. Waring-Curran has been correct in his opinion is

best exemplified, he says, by the immediate relief afforded in the treatment of similar cases by tincture of belladonna in two-drop doses. After its administration there is an end to the incessant crying, the child falls asleep, passes bile freely by the bowels, and rapidly recovers its natural state and condition. The administration of calomel he considers unnecessary and cruel. The act of secretion has gone on naturally enough. The elimination of the bile is what is required, and for this purpose tincture of belladonna will be found expeditious and curative, by overcoming the spasmodic condition of that portion of biliary apparatus so frequently affected in children a few days after birth.—[The dose of the tincture employed by us would not be more than the one-twentieth of a drop.—EDITOR.]

Th application of Artificial Eyes (*Prothesis Oculi*). By PROF. J. SOELBERG WELLS, M. D.

In his elaborate treatise on *The Diseases of the Eye*, Mr. Wells writes: The use of an artificial eye should not be allowed until five or six weeks after the excision—until the cicatrix has become firmly united, and the parts are quiet and free from all irritation. If the eye has been removed on account of sympathetic irritation of the other, special care must be taken that no artificial eye is worn until all the sympathetic symptoms have permanently disappeared for some months, and the eye must be carefully watched for some time afterwards, lest the artificial eye might re-awaken them. Indeed, the wearing of an artificial eye for too long a time, so that it sets up great irritation, may even give rise to sympathetic disease.

At first a small eye should be worn for a short time each day, and then, when the parts have become accustomed to it, and there is a complete absence of all symptoms of irritation, a larger one may be adopted and worn for a longer period, and at last the whole day, but it should *always be removed at night*. After the lapse of some months the internal surface of the eye becomes rough, and as this is a ready source of irritation and discomfort, a new one is required.

As the insertion and removal of the artificial eye require some little knack and practice, Mr. Wells subjoins the following concise and plain rules, which are given to the patients at the Royal London Ophthalmic Hospital:

Instructions for persons wearing an Artificial Eye.—It should be taken out every night and replaced in the morning.

To put the Eye in.—Place the left hand flat upon the forehead, with the fingers downwards, and with the two middle fingers raise the upper eyelid towards the eyebrow; then with the right hand push the upper edge of the artificial eye beneath the upper eyelid, which may be allowed to drop upon the

eye. The eye must now be supported with the middle fingers of the left hand, whilst the lower eyelid is raised over its lower edge with the right hand.

To take the Eye out.—The lower eyelid must be drawn downwards with the middle finger of the left hand, and then with the right hand the end of a small bodkin must be put beneath the lower edge of the artificial eye, which must be raised gently forward over the lower eyelid, when it will readily drop out; at this time care must be taken that the eye does not fall on the ground or other hard place, as it is very brittle, and might easily be broken by a fall.

After it has been worn daily for six months, the polished surface of the artificial eye becomes rough. When this happens, it should be replaced by a new one; for, unless this is done, uneasiness and inflammation may result.

EDITORIAL.

All letters should be directed to John M. Scudder, Box 146. *When considerable amounts of money are sent procure a Post Office Order, if the office is an order office. Notify us at once if there is any failure in the Journal, or filling orders for books.*

The Relation between Fever and Inflammation.—We teach that there is a marked similarity in fever and inflammation, though one is confined to the functions governed by the vegetative nerves, and the other involves change of structure. In both, the lesion is at first one of the circulation, as in both there is difficulty in the circulation through loss of tone in the vessels through which the blood has to flow.

In both, the functional lesion leads to structural change; though in fever it is confined to the ultimate structures, and is thus beyond our sight. In the one, the sooner the fever is arrested, the less there is of this structural lesion. So, in the other, an arrest of the inflammatory process in its early stages, leaves the parts of normal structure, and their healthy function is soon restored.

But the most important fact to us is, that the specific treatment of a fever is the treatment for an inflammation. Commencing with the proposition that both may be *aborted*, and that what will arrest one will arrest the other—we go on to the farther statement, that what will modify the one and prevent lesions of structure, will do the same for the other.

The (essential) treatment of a fever and an inflammation consists of three parts: First, to lessen the frequency and obtain a normal circulation of blood. Second, to establish

excretion through the skin, kidneys and bowels. And third, to re-establish the function of blood making and nutrition.

Special lesions of functions—as of deterioration of the blood —a specific blood poisoning—a lesion of the nervous system, or some organ or part having an important function—require additional means.

The crude idea of the Botanic, that the processes of fever and inflammation were good—physiological processes—the best that nature could set up for the removal of disease, is held by but few. One who has closely observed disease, will have early arrived at the conclusion that the sooner these processes were arrested, the better for the safety of the patient, and the integrity of his tissues.

The Topical Application of Veratrum.—The roundabout use, and obscure action of remedies has been so long the fashion, that few can at first bring themselves to realize that there is such a thing as a *direct* and constant influence.

I have frequently, when speaking of the action of veratrum and aconite, been replied to: "But, Dr. Scudder, you dont pretend to say that they *always* produce the same effect?" Yes, I do propose to say that the condition, being the same, the same effect will *invariably* follow.

And it makes no difference whether the remedy is given by mouth, is absorbed from the skin from hypodermic injection, or locally applied to the affected part; if it reaches the part it exerts the same direct influence.

Any one may test this for himself, and it is most satisfactory if it is tested on his own person. We say of veratrum, that it removes obstruction to the free circulation of blood, that it lessens the frequency of the pulse, that it reduces the temperature, that it arrests the inflammatory process.

Now let us take a superficial inflammation when the part is hot, swollen and painful—evidently, an impairment of the circulation, with obstruction and an increased effort to force the blood through. We pencil the part freely with veratrum, it lessens the throbbing, the temperature is reduced, and gradually all the symptoms of inflammation pass away.

I would like very much if my readers would try the local application of veratrum in superficial inflammation. Use it in the first stage of erysipelas, for boils, felons, or superficial inflammation from any cause. Pencil the tonsils with it in tonsillitis, the throat in cynanche, etc. I regard it as one of our most valuable means in these cases.

Cancer.—There has been so much of humbuggery and quackery with regard to this disease, and it has been to such an extent a *parasite* of the Eclectic body, that I dislike to refer

to it. Still a number of letters making inquiry with regard to its treatment, requires a brief description of the means I employ.

I do not profess to cure cancer. Some cases *may* be cured; others will be apparently cured for some time; in others its progress may be arrested, and the patient's life prolonged and made comparatively comfortable.

Those cases can be cured in which the disease is wholly local, confined to a small part, and in a part where it may be wholly destroyed without injury to important tissues. It is apparently cured in those cases in which the local disease is readily removed, and in which the constitutional affection progresses slowly. Its progress is arrested by general remedies that increase waste and improve nutrition, and by local means that destroy the vitality of cancer cells and their power of reproduction.

I do not propose here to speak of the agents used to destroy the local disease. All of the escharotics have been used for this purpose, and each has had its advocate. The two most relied upon by Cancer Doctors, is the Chloride of Zinc and Arsenious Acid protected by Iron. I think the method by *caustic arrows*, described some months since in this journal, will prove as good as any. The *knife* is objectionable in all cases, and should not be employed except the growth is very large, as of the female breast.

The general treatment I regard as very essential: We employ the class of remedies known as alteratives, Alnus, Rumex, Scrofularia, etc., to increase the waste of the tissue; and at the same time use the bitter tonics and restoratives to increase the appetite and improve nutrition.

In open cancer I have used with much satisfaction, a saturated solution of Tannin; sometimes in water, at others in glycerine. This will prove very efficient in checking the progress of the disease, and will relieve much of the suffering.

Within the past eighteen months I have employed Carbolic Acid. In some cases it may be used of the full strength of a solution of the crystals in water. Or in place of this a solution of the crystals in glycerine, as much as it will dissolve. In other cases the part will become irritated by the strong application, and we are under the necessity of using a weak solution in glycerine, or a Carbolic Acid Ointment.

For cancer of the cervix-uteri, and in the vagina, Carbolic acid proves an admirable remedy; I have recommended it in several cases in the hands of other physicians, and they give a very flattering report. Indeed, in two of these cases, a cure was thought certain. The strength of the application will vary in these cases. Use it of that strength that will give the greatest relief to the unpleasant symptoms, and that checks the growth. Stramonium Ointment is an excellent

vehicle for it: Dissolve the acid in glycerine, and rub this up with one or two parts of the ointment. Lint or raw cotton is thoroughly saturated with the combination, and applied to the affected part.

I would suggest the use of the pure acid in superficial cancer (epithelial), where there is but little tendency to irritation and determination of blood. Used in this way it condenses the tissues, and arrests life in its lower forms, and it may prove curative.

Bad Medication.—The mortuary returns of Cincinnati for the year ending July 1st, 1869, give the following:

Consumption	644
Small-Pox	581
Typhoid Fever	196
Diphtheria	291
Cholera Infantum	274

Now when we take into consideration that there has been neither endemic or epidemic diphtheria in Cincinnati in that time, it will strike the observer that 291 is a heavy mortality.

I have not seen a case of diphtheria in two years, and I am confident that there has not been a hundred cases in this city if there has been a single one. I have seen cases of simple sore throat, and I have seen such cases treated by the local use of *nitrate of silver* and killed in three or four days. I conclude, therefore, that the majority of this 291 may be set down to the credit of malpractice.

Why not?—Some of our friends wish to know why we do not notice the attacks of our Chicago neighbors. The reason is that we have no space for such purposes; and their mendacity is so apparent that they receive, as they deserve, the contempt of honest men.

We advise them to endeavor to deserve support by honest effort, and not by detraction. It is evident that they have taken the right road to an early funeral, and that they will have the satisfaction of writing on the tomb-stone of their "Bennett College:" "*Hoist by its own petard!*" or if they prefer medical technicality—death by *contre coup.*

Reasons why the profession should labor to diffuse a general knowledge of Medical Science among the People.—We have urged that it was the duty of the physician to instruct his patrons and the community in which he lives, in regard to the laws of life, the care of the sick, and an intelligent use of remedies. It is not only the duty, but is undoubtedly the *interest* of every practitioner of medicine.

At the recent meeting of the Western Institute of Homœopathy, it was claimed "*That the rapid increase of lay converts is due to the diffusion of popular literature, as much as to any other cause.*"

Our old-school friends are waking up to the importance of this. And from a lengthy paper in the Buffalo Medical and Surgical Journal, I quote the following reasons:

1. "Because all people everywhere need, and should have some general knowledge of the human body in health and disease.

2. "The profession must exert its influence to introduce the systematic study of hygienic science in all of our colleges and institutions of learning.

3. "Because physicians are the only class who are authorities in medical science, and who are qualified to give instruction in it.

4. "Because the instruction of the people in medical science has been almost entirely in the hands of ignorant and unprincipled charlatans.

5. "Because the profession will elevate and benefit itself by thus instructing the people in medical science."

This is a question that is assuming much importance. The people will have the information from some source. Shall they have it from our school, or from our opponents?

Meddlesome Midwifery.—A practitioner does not usually obtain that knowledge of midwifery that is necessary to his and his patient's comfort until he has passed a dozen years or more. Indeed some never learn anything, because they do not find it in the books, and dare not make innovations on stereotyped practice, for fear of the curse of "meddlesome midwifery."

I believe that I will be within the bounds of truth when I say, than on the average, natural labors are protracted one-half to as long again as they should be, and the woman suffers double the pain necessary. I may be answered that labor is a natural process, and should be left to the unaided efforts of the system, as thereby there is safety to both mother and child, and time is an unimportant element. To this I should reply that civilized people have an artificial life, and that this impairs the natural function and renders interference in many cases proper. But I do not propose that such interference shall be hazardous, or substitute artificial means for natural efforts, as this would be highly objectionable.

We may examine the management of a tardy labor with reference to the particular cause which renders it so, and will find that simple means are sufficient for the purpose.

In the first stage of labor an undilatable os is the most common trouble. The woman has sufficient pain, but it exerts but

little influence. In this case I add of the *tincture of lobelia seed* two teaspoonfuls to an ounce of water, and give a teaspoonful every fifteen to thirty minutes until it produces slight nausea, when dilatation rapidly follows.

Occasionally we will find a case where the pains are very severe and harrowing, and yet a number of hours have passed without any effect. In this case I should put the patient under the anæsthetic influence of chloroform; it need not be complete, but sufficient to relieve the suffering. Following this the pains become regular, and dilatation is rapid.

In many cases we find the os considerably dilated and dilatable, and the second stage of labor at hand, and yet hour after hour passes by without any descent of the head. I have frequently known six, eight or twelve hours to thus pass. In the majority of these cases the os looks backward to the hollow of the sacrum, and the anterior lip is directly in the way of the head to the outlet. Frequently in such case the os is reached by the finger with some difficulty, it is so far back. In this case the contraction of the uterine fibres is in the direction of the os, and consequently forces the head into and against the sacrum, and nineteen out of twenty parts of the expulsive effort is thus lost. It has been my invariable practice for a number of years to hook my finger within the os and draw the anterior lip forward to the pubic symphisis and retain it there during the pain, and so continue until it is retracted over the vertex. It directly stimulates uterine contraction. It gives the force of contraction a proper direction for expulsion, and it shortens the duration of the labor one-half or more.

When the os is dilated, if the bag of waters is not ruptured, I effect this with my finger, as they have fully accomplished their purpose and now retard the labor. When the dilatation is considerable and the os soft and dilatable, the bag of waters presenting, the pains being feeble and inefficient, I effect their rupture. Indeed, I think, as a general rule, whenever the os is dilatable and dilatation is one-half effected, if the labor is slow, the diameter of the pelvis being of sufficient size, rupture may be advantageously effected. But when the proceeding previously named, of giving the os proper direction by drawing the anterior lip forward is accomplished, it makes less difference about the rupture of the membranes.

Chloroform is a great aid in obstetrical practice, and every practitioner should become accustomed to its use. It is less dangerous here than in any other case, if there is ever any danger in its careful administration, as we require but partial anæsthesia. An excellent method of giving it is to make a cone of paper with a handkerchief inside upon which the chloroform is dropped. The patient being partly under its

influence all the time, the cone is applied over the nose when we observe the pain coming on, and removed when it is passing off. In this way the anæsthetic may be continued for hours without danger; In the majority of cases it should not be given so that the patient will not answer when spoken to, for even to this extent they scarcely feel the pain at all, and give birth to the child without afterwards recollecting that they had any pain.

The New Eclectic.—The first object of the proposed *Eclectic Magazine*, is to instruct the people in *our* system of medicine. We propose to make it the medium to reach the people. To teach them the laws of life, to preserve the health, to nurse the sick, and that the Eclectic Practice is *the* system of medicine to employ in curing disease.

Now a periodical devoted to medicine alone will have but a limited circulation; therefore, we propose to make it a magazine of useful knowledge, and of interest in every walk of life.

It is thought that we have no practitioner that cannot, with a little trouble obtain ten subscribers. This will be the nucleus for a large subscription, and it will be our fault if it does not find its way into nearly every family, by giving it that character and use that will make it sought after.

We will send subscription lists with specimen sheets, about the middle of this month; and will hope to have them returned in two or three weeks with, at least ten names. [No money is required until we are fairly under way.]

I propose to furnish it for $2.00 per year, with an extra copy for each ten subscribers.

For the first year, I will make the offer of my Domestic Medicine and subscription to the Eclectic for $3.00, net; if the physician or any one in the neighborhood will take the trouble to get up the club.

The Fall Session of the Eclectic Medical Institute.—We are drawing near the time for our regular Winter's work, and the prospect for a large class was never more flattering. The Professors are all in the city, in excellent health and spirits, and expect to give a very thorough course of instruction.

Professor Freeman.—For some six or eight years Professor Freeman has done the largest practice of any physician in Cincinnati. At times his daily list would reach a hundred patients, and would rarely fall below fifty. Such work, and exposure at night was too much for him, and the result was an atonic inflammation of the mucous membrane of the fauces and pharynx, and at last aphonia. He has been passing the

Summer at his father's, in Nova Scotia, recruiting his health, and I am glad to say has wholly recovered.

His many friends among the readers of the Journal, will be glad to see the following letter, which, though private, and without reference to medicine, will interest them as coming from an old and esteemed teacher :—

"The Doctor on a rampage goes;
Where, no one cares, and no one knows!
He leaves behind patient and pain,
And shoulders his gun and rod again."

PROF. SCUDDER:—Yours came duly to hand yesterday. I had just returned from a shooting excursion on the Catherines River and Port Jolly Marshes. We had a big time, at the prettiest seaboard place I ever visited. This is on the shore of the open ocean. A great crescentic sand beach, two miles and a half long, white as snow—not a speck to mar its beautiful surface, except here and there a small bit of crisped sea-weed, or a glistening, pearly shell. When the tide falls it is a quarter of a mile wide, and so hard that a horse scarcely indents its surface. It is nearly level, and you may wade, when the tide is high, some distance out at sea. A ledge of high granite rocks bounds each extremity of this beach, and projects some distance into the sea. To stand close by the surging margin, and watch the ocean rolling slowly toward you, first breaking on the ledges away out to sea, and then swelling along their sides, rumbling, scolding, foaming and dashing among their crevices, and then striking the margin of the sandy shore, at the salient ends of the crescent, roll its billows, green and transparent, one chasing the other away up the inclined plane high on the beach. The breeze, cool and delightful, you involuntarily grasp your hat, and still gazing off out in the open sea, fell a thrill of joy that only an invigorating air and such grand surroundings can give. Behind you stands a great sand bank the length of the beach, and forty feet high, tossed up there by the wind from time immemorial—its crest covered with the wild-pea; with pod and vine like our garden-pea. It is only fit for cattle. Within the beach on the land side is the marsh, about three miles long and two wide, with a river running through the centre. A part of it belongs to my father; there they cut large quantities of salt grass, sedge, etc., also some timothy and clover. Along the highest part by the sand beach it yields potatoes and buck-wheat, and during the month of July, the sandy soil is covered by excellent and large wild red strawberries. Juttings of low land extend off from the river into the marsh and are covered with water when the tide is up. Here we have clams and other shell fish, and there the birds collect for food. Wild geese, ducks, cranes, curlew plover, yellow-legged snipe, ring-necks, and beach-birds in innumerable quantities, and here I went gunning. Laying in wait in the long grass for them to come, and then giving them a raking about, or stealing upon them on the flats, and firing as they rise, is grand sport, or ambuscading them where the little groves of fir trees extend on the islands to the margin of the river. I got in earnest after shooting awhile, and pulled off boots and socks, stripped up my pants and waded the flats, and nearly level sandy margins of the river, chasing the flocks of birds and banging at them wherever I could come up with them. The fresh sea breeze and exciting sport is so exhilirating that a man becomes almost wild with the glorious sport and fun. But everything has its draw-back.

"*Horror of Horrors!*" There is only one house at this place, and that not over cleanly. We were hungry and tired, and ate our supper of herring and potatoes and hot tea with a relish. This was only a prelude to the night's exercises. They put us in the bed kept for "company" and we blew out the light. At first my friend "Ford" gave a gentle scratch at his leg, shortly after, his arm, then his side, then his neck, then the other arm and leg, the arm, leg and side, and then all over him, leg, side, neck, hands and face. He had not hands enough, and he scratched himself into a perfect fury. I thought he had the itch, but he suggested FLEAS, and yet none had attacked me. He became almost wild with fleas and rage, jumped from the bed, and then they attacked me. I got caught in a nest of bed-bugs once, but that was not a circumstance, compared with this. They bit and bored about me, until I scratched and kicked myself tired, but could not sleep. With me kicking and scratching in the bed, and laughing until my sides ached at him dancing around the floor hunting for fleas by the bright-moon—which the sea reflected in the window—we cut up a figure that would have amused a spectator, equal to the grand carnival. "No sleep till morn," and then we made a raid on them. I lifted the bed clothes out from which I had just emerged, The sight was appalling and wonderful; the squads of fleas, large and small. hopping and dancing and scratching after me in every nook and corner of the sheets. They looked as though we had sprinkled black pepper over the bed and then sprinkled blood among it. I was spotted or completely dotted, as though Dr. A. R. Brown had been fighting me with his acupuncturating instrument. However, a bath in the cold sea waves, a few shots at the birds, and a breakfast of potatos and boiled salt herring, and other refreshments inside and out soon set me all right. I got some fine birds, curlew, snipe, duck, etc., and had a good time, although I did get fleased of a little blood. I am pretty well and stout, have a good brown color from crawling hatless through the grass for ducks. My voice is a little hoarse, yet I talk as much as any other man. The soreness has entirely disappeared, or I scarcely notice it. I see no reason why I cannot do regular lecture duty at college next autumn and winter, if I am a little careful. In the mean time I shall make the most of the opportunity for invigoration. I have a chowder party along the sea shore, and a moose hunt on hand; and forgetting the cares of the world and all the vexations of a city life, shall really "be a boy again."

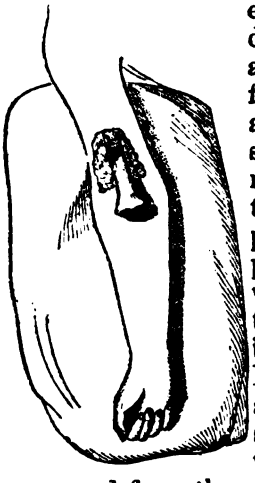
Since I have been from home, I have taken pains to look carefully through your work on "Diseases of Children." I am much pleased with the book, and think it a valuable addition to our medical literature. I will not go into details of its particular merits in the treatment of one or another of the classes of diseases it comprises. To be appreciated fully, it should be perused carefully. I may differ from you in the management of some of those diseases mentioned, probably in using more medicine and more active measures, yet the difference is not of vital importance, both of us arriving, probably, at the same desired result.

A prominent feature of the work is, the attempt to treat your patient with a less quantity of medicine than usual, confining yourself to as small an amount as possible, and taking pains to make it palatable and thus unobjectionable. An effort in this direction is commendable, and will meet the approbation of the profession. They will be pleased to have your book as a reliable guide to assist them in abbreviating their doses and directing them to

the most approved Hygienic treatment for children. It deserves a conspicuous place in the library of all physicians of the different schools of medicine, as a successful pioneer and progressive Eclectic Practitioner.

Much Respect, Yours, &c., Z. FREEMAN.

The New Work on Dislocations and Fractures.—We have borrowed a few cuts from Professor Howe's forthcoming work on *fractures*, for the purpose of showing the style of the illustrations. The accompanying cut exhibits an unfortunate condition of the arm, produced by tight bandaging. A German boy, five or six years of age, fell on the curb stone and received a severe injury of the elbow. A German doctor took charge of the case. The physician bound the limb, from the fingers to the shoulder, in a tightly fitting bandage, and prescribed a lotion to the region of the elbow, to keep down inflammation. The cloth was made to shrink under the influence of the wetting, rendering a tight dressing still tighter. Opiates were freely administered to subdue the pain. On the fifth day succeeding the injury the medical attendant undressed the arm, and to his surprise and horror the shaft of the humerus pushed through a huge slough and took a position on the upper and anterior part of the forearm. The doctor told the parents that, in all probability, amputation would have to be performed, and advised that a surgeon be called. Through the influence of friends of the patient, Dr. Howe was invited to assume the duties and responsibilities of the case, as it then stood. Dr. H. found that the epiphysis of the lower end of the humerus had been separated from the shaft, and still remained in articular conjunction with the radius and ulna; and although the bone was denuded of periosteum as far up as its middle, the protruding *end* of the shaft showed evidence of vitality. This latter circumstance put away the idea of excision and favored the attempt to reduce the bone to its normal position. Accordingly means for extension were fastened to the hand, and force was applied through a cord made to act, as in a pulley, over the rail reaching between the tops of the bed posts. The weight of the patient's body, pulling downward, overcame the contracted muscles, so that the protruding bone regained its natural place. The arm was kept elevated, or suspended, above the boy's head for three or four weeks, when the opening caused by the slough had closed, and there was evidence of consolidation between the fragments or between the epiphysis and the shaft. Although the functions of the elbow remained



somewhat restricted, the arm was in every other respect as useful as the other.

Dr. Howe does not know whether the physician first called, understood the nature of the injury or not; but as splints had been used he concluded that a fracture of some kind had been recognized or suspected.

Good Medicines.—I have been discouraged with the ordinary drug trade as a source of physicians' supplies. Medicines are made and sold without any regard to their efficiency, but for the money that can be made out of them. As the result of this, the practice of medicine is rendered uncertain, and the physician's supplies costs him treble what they should.

When I recommend a remedy for a certain purpose, I am speaking of a good preparation; the reader purchases it in the general market, and because it is inferior, or worthless, he fails to obtain the effect named—and the result is, a want of confidence.

One-half of the fluid-extracts in the market are almost wholly worthless, and but a small proportion of the other half comes up to the standard, weight for weight. A fluid-extract is prepared with heat, when heat destroys the medicinal properties; or it is prepared from the *oldest* crude stock in the house, that has lost its medicinal value; or it is prepared from the dried article, when it should be prepared from the fresh.

It has been for this reason that I have recommended our physicians to purchase their medicines at first hands of our manufacturers in this city. These houses have a well deserved reputation among Eclectics, which I by no means wish to lessen by the introduction of this new class.

To furnish uniformly good remedies to those who desire to employ them for their specific use, we are now revising the process of manufacture of some fifty articles. We propose that these important remedies shall be manufactured with extra care, from fresh and carefully selected stock, without heat, from the fresh article when required, and of a uniform strength of *weight* for *weight*, and at a reasonable price.

These remedies will be designated by a particular label, *copyrighted* so that it cannot be counterfeited, and will have the guarantee of the house manufacturing it.

I have no personal interest in the drug trade, and have other business to engage my capital and time. But the houses that will put remedies up in this style are reliable, they will have samples in my office that can be inspected at any time, and I will give a personal guarantee to any remedy bearing the label.

Announcement will be made in the *Journal*, by advertisement, of the articles prepared, their prices, etc.

New Journals.—We have received three numbers of the *Journal of the Gynæoclogical Society of Boston.* It is a monthly devoted to the diseases of women, and is under the editorial care of Drs. Lewis, Storer and Bixbey. Monthly, $3 per annum.

Good Health, a monthly of 48 pages, for popular reading, is published in Boston, at $2. per annum.

Domestic Medicine.—The attention of physicians is called to the advertisement of the Familiar Treatise on Medicine, for the use of families. It is furnished at such price as to bring it within the reach of all, and it will give uniform satisfaction.

Those Photographs.—The photographs are coming in every day, and we are in hopes of having a very fair representation. It will be a matter of much interest to any one, when visiting the city, to see this collection. So far they compare very favorably—as regards good looks—with any class of men I have seen.

VARIETIES.

Gleanings: By Prof. King, M. D.

Podophyllin.—Boil the root of mandrake with quicklime. Strain the decoction, and add to it a solution of a double sulphate of iron and zinc, which precipitates the lime. Evaporate the filtered solution to the consistency of an extract, and treat this with alcohol. Filter, evaporate the alcoholic solution, add boiling distilled water to it, and allow it to cool, when the podophyllin is deposited.

Glycerinated Tar.—Mix together 15 parts, each, of tar and glycerine, with 30 parts of water. This mixture has the consistency of an ointment, may be diluted with water, and does not stick to the skin like tar ointment.

Mustard Paper.—Upon a strong sheet of paper apply a thin layer of flour of mustard (that has been deprived of its fixed oil), by means of a solution of caoutchouc in sulphuret of carbon, or a volatile oil. The adhesion is perfect. The sheet thus prepared forms a most active sinapism, when moistened with a little cold or warm water for twelve or fifteen seconds previous to applying it upon the skin. Six grammes of mustard, in this form, are sufficient to produce a considerable degree of redness over a surface nearly four inches square.—*Rigollot.*

Iodo-Ferrated Tannic Injection.—Take of pure tannin 6 grammes; citric acid, 3 grammes; rose water, 1.200 grammes; mix. Also, take iodine, 0.848 grammes; iron filings, 0.500 grammes; water, q. s.; mix, and filter; wash the filter with 15 grammes, and mix the two solutions. Used as an injection in gonorrhœa.—*Z. Patti.*

Iodo-Ferrated Tannic Lotion.—Take of pure tannin, 10 grammes; citric acid, 5 grammes; carbolic acid, 2 grammes; water, 970; mix. Also, take of iodine, 0.500 grammes; iron filings, 0.250 grammes; water, q. s. for the reaction; mix the two solutions. This is very useful as a wash for scrofulous, cancerous and other ulcers. It has not the inconvenience of other tannic preparations, and may be diluted or not as required.—*Ibid.*

Iodo-Ferrated Tannic Syrup.—Take of pure tannin, 16 grammes; citric acid, 8 grammes; distilled water, 60 grammes; mix and dissolve in a porcelain capsule; and then add syrup 280 grammes. Also, take of iodine, 5 grammes; iron filings, 2 grammes; water, 20 grammes; mix until completely discolorized; filter, and add syrup, 800 grammes; mix these two solutions, and aromatize with tincture of orange peel, 8 grammes. This syrup has a fine, transparent, green color, unchangeable, and of a very supportable astringency. Used in diarrhœa, cholera-infantum, etc.—*Ibid.*

Iodo-Ferrated Syrup of Cinchona.—Take of red cinchona syrup, with white wine, 330 grammes; distilled water, citric acid, each, 3 grammes; tincture of bitter orange peel, 10 grammes. Dissolve the citric acid in the water, and mix with the syrup, then add the tincture. Also, take iodine, 3 grammes; iron filings, 1.5 grammes; distilled water, 14 grammes; mix, make the iodide of iron, filter, and add to it syrup, 220 grammes; mix the two syrups. This preparation is limpid, of a not disagreeable taste of cinchona and iron, is well preserved without precipitation of the iron, the reaction of the tannin of the bark being restrained by the citric acid. This forms an excellent alterative and tonic syrup.—*Ibid.*

Mudar is the Calotropis Gigantea.—The powder of the root bark is employed, in the same doses as Ipecacuanha, for dysentery; commencing with 1 gramme. In large doses it acts as a cholagogue. It calms the muscular fibers of the intestines, especially of the rectum and colon, moderates the sufferings, the tenesmus and irritation. Its most remarkable effect is in the bilious discharges which follow its use during the first twenty-four hours.

Da Silva Contino of Brazil, states that the *Paulinia Sorbilis* is gathered in the suburbs of the city of Marie, and also in its uncultivated state between Topago and the river Murmuru. The best guarana is made with the half ripe fruits; the pericarp being removed they are roasted in ovens by a moderate heat, then they are broken up in a mortar, and made into a dough by means of a little water. The cakes thus formed are dried in the sun for two hours, and then exposed to the smoke. The Indians use it as an aliment, and never travel without the utensils necessary for its preparation.

Morrison's Pills.—The following are the correct formulæ for these nostrums: No. 1. Aloes, 70 parts; Soluble Cream of Tartar, Extract of Senna, each, 35 parts; mix, divide into pills of 2½ or three grains each, and roll in powder of Cream of Tartar. No. 2. Aloes, 40; Soluble Cream of Tartar, 20; Jalap, 20; Colocynth, 30; Gamboge, 30; mix, and divide as the No. 1.

Transparent and Limpid Liquid for Dressing Wounds.—Alcohol, 400; Glycerine, 625; Chlorate of Potash, 40; mix. It has no disagreeable odor, is less painful than pure Alcohol; and applied on lint will remain in place for twenty-four hours without becoming dry.—*Foucher.*

Preservation of Blood for Microscopic and Medico-Legal Purposes.—As blood decomposes rapidly its exact examination is prevented. Globules of blood covered with Ether are preserved intact for several weeks, and do not even lose the faculty of crystalizing.—*Taworsky.*

Another.—Take of Glycerine, Sulphuric Acid, 66°, each, 1 gramme; distilled water, a sufficient quantity to make a liquid having the density of 1028 at 15° C.—*Roussin.*

Instantaneous Matches—Which immediately inflame when touched with the end of a lighted cigar, are nothing more than pyroxyline prepared by moistening sheets of paper in fuming Nitric Acid and drying. They explode and are dangerous, having killed three or four persons.

Non-inflammable Tissues.—Tungstate of Soda employed for this purpose in England, is too costly. The following will be found to answer the purpose: Mix together equal parts of solutions of Sulphate of Zinc, Sulphate of Magnesia, and Sal Ammoniac. Then add Ammoniacal Alum, weight for weight, with the mass of the first salts. Mix about one half of its weight of this preparation with starch; it preserves light tissues from inflammability, without any inconvenience following their being worn.—*Kletzinski.*

Tar Water.—Into a black bottle, with a narrow neck, and capable of holding about a gallon, introduce 3½ ounces of semi-liquid Norway Tar, previously washed with a small quantity of water; then pour upon it 6½ pints of distilled water, and expose it to a heat of 122° to 140° Fahrenheit. The vessel must be immediately closed, and agitated briskly and repeatedly. After five or six hours of this contact, the operation is finished. The tar water is then filtered and kept in well corked bottles. This is superior to any other tar water, as it holds the various principles of the tar. Each pint of this water will dissolve from five to eight grains of Iodine, the fluid preserving its physical properties, containing Iodated Phenic and Oxyphenic Acids, and, under reagents, manifesting none of the characters which belong to free Iodine and to the iodides.—*M. Lefort.*

Ammoniacal Tincture of Lupulin.—Mix together 56 parts of Lupulin, and .473 parts of Aromatic Spirit of Ammonia. Macerate seven days, with occasionally agitation; filter and add enough of the spirit to obtain 473 parts. This is a very remarkable hypnotic, in doses of from 15 minims to a fluid drachm.—*Duckworth.*

For Commencing Chilblains.—Dissolve 4 parts of Iodide of potassium with 1 part of tincture of iodine in as little water as possible; then mix this with 30 parts of lard. Use as a local application.

Treatment of Gall-Stones.—Dr. T. H. Buckler of Baltimore, recommends the joint administration of Chloroform and succinate of Peroxide of Iron for the disolution of gall-stones, and states that in his hands the remedies have proved very successful, the latter drug being administered for some time continuously.

How to Prevent Typhoid Fever from Spreading.—The means by which typhoid fever may be prevented from spreading are very simple, very sure, and their cost next to nothing. They are founded on the discovery that the poison by which this fever spreads is almost entirely contained in the discharges from the bowels. These discharges infect—1. The air of the sick-room; 2. The bed and body linen of the patient; 3. The privy and the cesspool, or the drains proceeding from them. From the privy or drain, the poison often soaks into the well and infects the drinking water. This last, when it happens, is of all forms of fever-poisoning the most deadly. In these various ways, the infection proceeding from the bowel-discharges often spreads the fever far and wide. The one great

thing to aim at, therefore, is to disinfect these discharges on their very escape from the body, and before they are carried from the sick-room. This may be perfectly done by the use of disinfectants. One of the best is made of Green Copperas. This substance, which is used by all shoemakers, is very cheap, and may be had everywhere. A pound and a half of Green Copperas to a gallon of water is the proper strength. A teacupful of this liquid put into the night-pan every time before it is used by the patient, renders the bowel-discharge perfectly harmless. To disinfect the bed and body linen, and bedding generally, chloride of lime, or MacDougall's powder is more convenient. These powders should be sprinkled by means of a common dredger on soiled spots on the linen, and about the room to purify the air. All articles of bed and body linen should be plunged, immediately on their removal from the bed, into a bucket of water containing a tablespoonful of chloride of lime or MacDougall's powder, and should be boiled before being washed. The privy, or closet, and all drains communicating with it, should be flushed twice daily with the green copperas liquid, or carbolic acid diluted with water. In the event of death, the body should be placed as soon as possible in a coffin sprinkled with disinfectants.

Ligature of the Abdominal Aorta.—Mr. Stokes of Dublin, deligated the abdominal aorta, on March 8th, for an enormous ileo-femoral aneurism. The patient rallied well for some hours after the operation. Syncopal attacks, however, came on in the course of the afternoon, and the patient died at midnight. The collateral circulation was rapidly established, and the pulsation in the left femoral was restored within five hours after the operation. The heart presented well-marked appearances of fatty degeneration. To this Mr. Stokes attributes the occurrence of death by those syncopal attacks so common in such cases.

RECEIPTS FOR THE JOURNAL TO SEPT. 10.

T. H. Bras 2, J J Sharp 2, J F Biggs 2, G D Darnall 1, C Scott 2, John Fry 1, J W Potts 2, J F Neal 1, J C Bowman 2, F M Osborn 2, B Gwrd 2, T A Wright 2, Jesse Stick 2, G B Wilmuth 2, O S Thwing 2, C Ewan 2, S A Cooper 2, W E Bradford 1, W J Kelsey 2, M L Hudson & Son 1, J L Reeves 2, J E Donelson 2, Daniel Peeler 1, H Jackson 2, T F Andress 1, E P Ford 1.75, J H Fisher 2, C Cook 2, Watkins & Tarvin 1, E B Bracy 2, J M Durfee 2, R A Greenfield 2, J S Weinland 2, J B Chace 2. A J Redding 2, J. B. Dakin 2, T J McMurtrey 2, P Howe 1, Geo M Barber 2, J W Denbo 1, John C Andrews 2, J S Lampsee 2, C P Long 2, J Harman 1, J H Bonebroke 2, Wm Hewett 2, J Doyle 2, J H Bennett 2, Joseph Fritch 2, H James 1.

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Iodine...Resublimed	do		60
Inula...Elecampane	grd. per lb.		20
Iris Versicol...Blue Flag	crd do		60
Iron, by Hydrogen	per oz.		30
Subcarbonate	per lb.		35
Soluble Citrate	per oz.		25
Ferrocyanide	do		20
Pyrophosphate	do		20
Per Sulph...Monsel's	do		20
Kalmia Lat...Laurel	pk. per lb.		30
Leptandra Virg...Black root	grd do		30
Leptandrin	per oz.		80
Lobelia Herb	pk. per lb.		40
Seed	powd do	1	00
Lead Acet	do		60
Liquor Bismuth	per lb.	1	00
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Myrica Cer...Bayberry	powd do		30
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Ergot	do		75
Erigeron	do		30
Lobelia Seeds	do	1	25
Stillingia	do	1	25
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Basilicon	do		40
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Iodide	do		40
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Sanguinarin	per oz.	2	00
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Senna	do		50
Sarsaparilla Honduras	do		75
Spigelia Maryl...Pink root	do		50
Symphytum...Comfrey	do		35
Santonine	per oz.	1	40
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Soda Bicarb	do		15
Sulphite	do		50
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do Comp	do		75
Rhubarb Arom	do		75
Senega	per lb.		75
Comp, Tonic,	do	2	50
Spts. Lavendar Co	do		75
Tincture Aconite leaves	do		60
Arnica	do		60
Antispasmodic	do		75
Belladonna	do		60
Bryonia, *Imported*	per oz.		40
Cimicifuga	per lb.		60
Cactus Grand	per oz.		40
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do Acet	do		60
Chloride Iron	do		60
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Staphysagia	do		40
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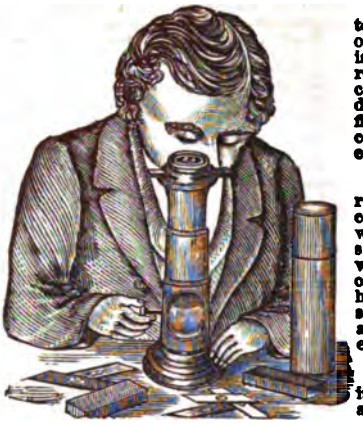

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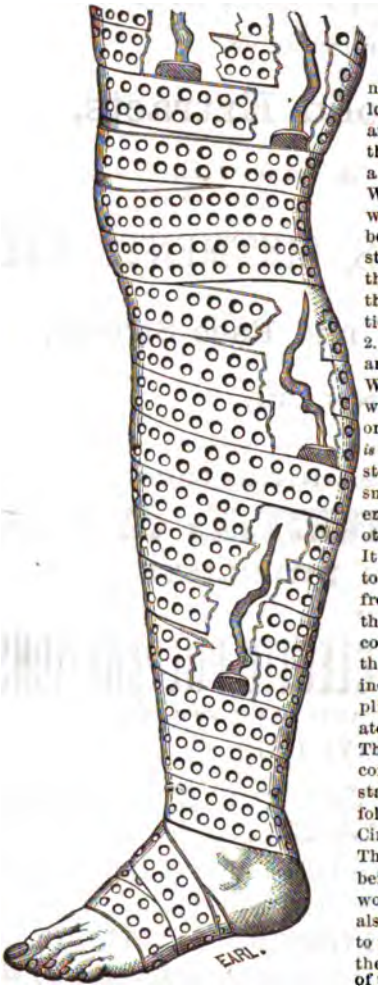

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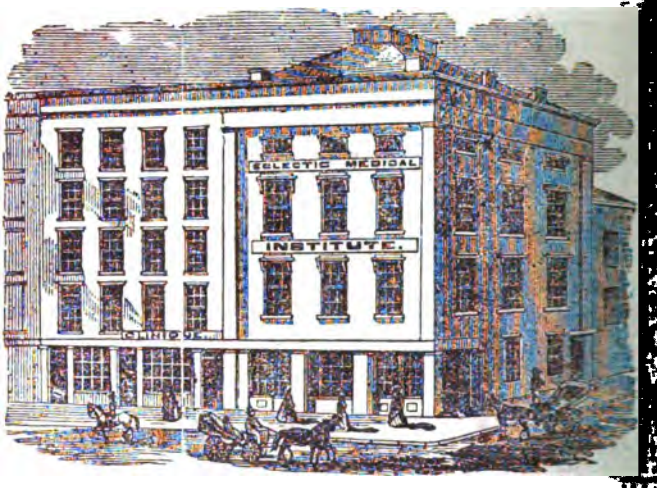

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THE

Eclectic Medical Journal.

EDITED BY

JOHN M. SCUDDER, M. D.

PROFESSOR OF THE THEORY AND PRACTICE OF MEDICINE AND PATHOLOGY IN THE ECLECTIC MEDICAL INSTITUTE.

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ORIGINAL COMMUNICATIONS.

ART. LIX.—*On the Specific Action of Medicines:* By JOHN M. SCUDDER, M. D. (Third Paper.)

It is complained of, that in this general review of the Materia Medica, the *specific* action of remedies is not so clearly defined as it would be if only those were considered which have such clearly defined influence; that in thus speaking of the common use of medicine, we are likely to lose more than we gain.

In answer, I have to say, that the specific use will be clearly pointed out in each case, so that no one can mistake it. And in describing the common employment of remedies, it will be the endeavor to discard, as much as possible, the apocryphal teaching with regard to them.

It must not be expected that the writer knows *all* of the Materia Medica, or that he is infallible in his judgement. One professional life is not sufficient for this work; but others will take this subject up, and carry it on to a reasonable degree of perfection.

Amygdalus Persica.—Thus far we have employed an infusion of the bark of the young limbs of the Peach Tree; and, to a limited extent, a tincture of the recent bark with dilute Alcohol. The first will be found preferable in cases of acute gastric irritation; but for ordinary office use, I would suggest the following:—

Take of the green bark of the young limbs (suckers), a sufficient quantity, and cover with alcohol 50°, one pint to each eight ounces: let it stand for fourteen days, and express—a press of some kind will be an aid. The dose will be from five to thirty drops.

The infusion or tincture, as above prepared, has a direct influence in quieting irritation of the stomach and upper intes-

tinal canal. It is also a mild tonic, improving the functions of digestion. For these purposes it is one of the most valuable articles in the Materia Medica.

It also exerts an influence upon the circulation, and upon the nervous system, which deserves investigation.

Anagallis Arvensis.—This agent possesses active properties, but has not been studied. It has been extolled in hydrophobia, delirium, mania, epilepsy, etc., which will suggest the line of experiment.

The best preparation, probably, will be a tincture of the recent *Chickweed* in dilute alcohol (50°), ℥viij to the pint; dose quite small—coming within one or two drops.

Anemone Nemorosa—Wind flower.—This is also an active agent, and will probably repay careful study. It influences the functions of waste and repair, but acts directly upon the nervous system. Belonging to the same family as the Pulsatilla, its action will be somewhat analogous.

The preparations best adapted for study will be a tincture of the recent plant, made in the proportion of ℥viij to Alcohol 76° Oj.; using pressure to remove the fluid. It will be well to commence with the fraction of a drop as a dose, say—℞ Tincture of Anemone, gtts. x; Water, ℥iv; a teaspoonful every two to four hours, gradually increasing as we feel our way.

Apocynum Cannabinum.—It is probable that the Apocynum Androsæmefolium possesses identical properties, and as the distinction is recognized with difficulty, even by those most conversant with botanic medicines, they have been used indiscriminately.

The preparation I prefer is, an alcoholic fluid extract, representing the crude article ounce for ounce. Of such fluid extract, the dose will vary from the fraction of one drop to ten drops, as the maximum. If the physician prepares his tincture, it should be from the recently dried root, in the proportion of ℥viij, to alcohol 76° Oj.

The Apocynum is a true *specific*, for that atonic condition of the blood-vessels, that permits exudation, causing dropsy. I have employed it in my practice for some eight years, and it has not failed me in a single case, when the diagnosis was well made.

It is a positive remedy for dropsy, whether it takes the form of œdema, anasarca, or dropsy of the serous cavities, when there is no obstruction to the circulation, and no febrile action. We would not expect it to effect a cure in dropsy from heart disease, or ascites from structural disease of the liver, neither would we when there was a frequent, hard pulse, and

other evidences of febrile action. Still in these cases, if we can partially remove the obstruction in the first case, and after an arrest of febrile action in the second, the Apocynum will remove the deposit.

It is not worth while to enquire how it removes dropsical accumulations. It seems to strengthen the circulation, and as absorption takes place there is an increased flow of urine.

I have also employed the Apocynum in cases of passive menorrhagia with advantage. It may be especially recommended in those cases in which the flow is constantly too profuse, too long, and too frequently repeated.

I use it with water, in the following proportion—℞ Fluid Extract of Apocynum, ʒj. to ʒij.; Water, ʒiv.; a teaspoonful every three hours.

Aralia Hispida—Dwarf Elder.—The dwarf elder has been extensively and successfully employed in dropsy. The infusion has usually been employed, and given freely.

I would suggest a tincture of the recent bark, in dilute alcohol, in the proportion of ʒviij. to the Oj; dose gtts. x to ʒj.

I have employed it to but a limited extent, yet with good results. It has a very positive influence on the circulation, and upon secretion. Does it not act on them through the *sympathetic nervous system?* and may we not influence all the vegetative functions with it, as we do with some others? It is deserving thorough investigation.

Arnica Montana.—It is not necessary to refer to the common local use of this agent, or discuss the question whether a tincture of Arnica is preferable to Alcohol alone as a local application. Every one has employed it in this way, and each has formed his own opinion. I think its local use valuable, but greatly over estimated.

Can it be employed as an internal remedy with advantage? I am satisfied that it can. It is a valuable stimulant in many grave diseases when a stimulant is most required. But if used as a general stimulant, like Alcohol, it would be as apt to do harm as good.

It is a *specific* stimulant to the spinal nervous system, and will be found useful when there is want of innervation from this. I have seen most marked benefit from it in advanced stages of disease, when there was feeble respiratory power; difficulty of sleeping from impeded respiration; want of control over the excretion of urine and feces, etc; evidences of impairment of spinal innervation. In such cases its beneficial influence may be noticed in a few hours.

I have frequently prescribed it for lame back, back-ache, and feelings of debility, soreness, etc., in the small of the back. It is only useful in those cases where there is feebleness, with

deficient circulation; but in these the influence is direct and permanent.

Artemesia Absinthium.—This agent has been used principally as a vermifuge, but lately it has given place to the Chenopodium, and to Santonine. It possesses very decided medicinal properties, however, and deserves a thorough examination. It influences the nervous system, especially the sympathetic.

For experiment, I would suggest a tincture with dilute Alcohol, 76°, in the proportion of ℥viij. to the pint; vary the dose from one drop to one drachm.

Artemesia Santonica—Santonine—We only wish to consider the chrystalizable principle—Santonine—here. Its principal use has been as a vermifuge in cases of ascaris lumbricoides, for which it has been found quite efficient. But in using it for this purpose many have noticed that it exerted a peculiar influence upon the brain, and upon the eyes—rendering objects blue, yellow, or green; and that it passed off in the urine, giving it a peculiar color.

It exerts a *specific* action upon the bladder and urethra, stimulating contraction of the first, and allaying irritation of the second. It is especially valuable in cases of retention of urine in children during protracted disease; in doses of half to one grain, it is prompt and certain. I have also employed it to relieve irritation of the urethra, especially in women suffering from uterine disease, and with good success.

Its influence upon the nervous system needs to be studied. I judge it to be a nerve stimulant, and have employed it for this purpose to a limited extent.

Asclepias.—(Pleurima species).—The A. Incarnata, A. Syriaca, etc., deserve a careful investigation. In weak infusion they all prove diaphoretic, and to some extent diuretic. It is claimed by those who have made considerable use of them, that they stimulate all the secretions.

The best preparation for experiment will be a tincture of the recent root, in the proportion of ℥viij. to Alcohol 76° Oj.; note its effect in small as well as large doses.

Asclepias Tuberosa.—Whilst I prefer a tincture made as above, I have used the alcoholic fluid extract of the dried root, made to represent ounce for ounce; the dose being from one drop for a child two years old, to ten drops for an adult.

It is especially a child's remedy, being feeble in action, though quite certain. When given freely it is one of the most certain diaphoretics we have, providing the pulse is not frequent, and the temperature increased. Even in the small dose of one drop, following the use of the special sedatives, it will markedly increase *true* secretion from the skin.

Recollect that there is a difference between sweating and secretion. There may be a profuse exudation of water, the surface being bathed in perspiration, and yet but little secretion. Excretion by the skin is a vital process, and takes place by means of secreting cells. It goes on best when the skin is soft and moist, and not when covered with drops of sweat.

I employ Asclepias in diseases of children, believing that it allays nervous irritability, is slightly sedative, and certainly increases secretion from the skin. I use it with Veratrum and Aconite, in febrile and inflammatory diseases, and in mild cases, very frequently give it alone. Bear in mind that it is a feeble remedy and too much must not be expected.

Aspidium Felix Mas.—This agent is only used as a vermifuge, especially for the removal of the tapeworm. For this purpose the Ethereal Oil is used in doses of twenty drops to one drachm.

Asafœtida.—Whilst I think but little of the fœtid gum as an antispasmodic, I regard it as a valuable gastric stimulant, and also as a nerve stimulant. In nervous dyspepsia, especially, it will be found valuable. The following is a good form—℞ Asafœtida, ℥ss.; Hydrastine, ℥ss.; Aloes, grs. x.; make thirty pills and give one three times a day. As a nerve stimulant I have used—℞ Extract of Nux Vomica, grs. x.; Aloes, grs. xl.; make twenty pills, and give one at night.

Atropia Belladonna.—Whilst for some purposes a solution of the Alkaloid Atropia, will prove the best preparation, I prefer for general use an Alcoholic fluid extract of the recent plant, representing the crude article ounce for ounce. Of this the maximum dose will be one drop, but frequently one-fifth to one-half of this will serve a better purpose.

For hypodermic use, we employ a solution of Atropia, in the proportion of one-grain to the ounce of distilled water. The dose would be five to ten drops. This is also the best proportion for use to dilate the pupil. As a collyrium, we would add ℥j. of this solution to ℥j. of distilled water.

The *specific* use of Belladonna, is as a stimulant to the capillary circulation, especially of the nerve centers—a remedy opposed to congestion. My attention was first drawn to it by an article from Brown-Sequard, giving the results of his experiments with the drug, stating that with the microscope he had seen marked contraction of the capillaries following its use. It at once suggested itself to me, that if it would cause capillary contraction, it would be *the* remedy for congestion; and I at once commenced experimenting with it in this direction.

I well recall my first marked case: a boy about eight years old, suffering from malignant rubeola. The entire surface was swollen and dusky; the eyes dull; the pupils dilated; the

face expressionless; breathing labored, and wholly unconscious for forty-eight hours. The administration of Belladonna alone (in small doses) was sufficient to restore consciousness, and a free circulation, with good appearance of the eruption, in twenty hours.

The evidences in its favor rapidly accumulated, so that in eighteen months I used it with a feeling of almost certainty for this purpose.

Whilst it exerts the same influence in all persons, and at all ages, the true pathological condition being determined, it is especially valuable in treating diseases of children. In the young, the immature nervous centers suffer more severely, and we find the opposite conditions of irritation with determination of blood, and atony with congestion.

The symptoms calling for the use of Belladonna are usually very plain: the patient is dull and stupid—and the child drowsy, and sleeps with its eyes partly open; the countenance expressionless; the eyes are dull, and the pupils dilated, or immobile; whilst, as it continues, respiration becomes affected, and the blood imperfectly aerated.

In these cases I prescribe Belladonna: in the adult, in the proportion of gtts. x. to gtts. xx., to Water ℥iv.; in the child, drops v. to ℥iv.; in each a teaspoonful every hour. As these are mostly febrile cases, or at least have a feeble, frequent circulation as an element, I give Aconite in the usual doses.

Belladonna is also a *specific* in incontinence of urine. Not that it will cure any case, but those in which an enfeeblement of the pelvic circulation is the principal cause. Probably a lesion of the spinal cord has also much to do with it. Of course, it gives no relief when the incontinnce arises from vesical irritation. The dose in this case will be the same as above named, but only repeated four times a day.

Belladonna is also a *specific* in *diabetes insipidus;* even a Belladonna plaster across the loins being sufficient in many cases for its arrest.

Belladonna is undoubtedly a *prophylactic* against scarlatina, as I have thoroughly proven in my practice. Recollect, however, that it is only prophylactic in small doses; in doses sufficient to produce dilatation of the pupil, it has no such influence.

Belladonna has other special uses, but they may be briefly summed up: if in any case there is evidence of an enfeebled circulation, with stasis of blood, Belladonna is the remedy. Of course, acting upon some parts more directly than others, its influence will be more decided, but there is no case, with condition as above, in which it will not be beneficial.

I may say in conclusion, that we want a *good* preparation of the recent herb; and then it *must* be used in small doses to obtain the influences named. The doses given are the *maxi-*

mum. As I have had occasion to say before, thedruggists care little about the quality of medicines sold; they are simply articles of merchandise, and there is little, if any professional *esprit* with them, to aid us in having them good. Therefore every physician must be on his guard when purchasing, and had better buy of first hands, and of those of proven honesty.

Apis Mellifica.—The honey-bee possesses marked medicinal properties, but from a prejudice against such remedies, has been but little employed.

An infusion of twelve to twenty honey-bees in a pint of boiling water, is one of the most certain diuretics I have ever employed in cases of suppression of urine from atony. It is also a very efficient remedy in retention of urine, and in some cases of irritation of the urethra.

I have used a tincture for the same purpose, and also for inflammation of subcutaneous structures, with tension and lancinating pains, and in irritation of the skin. I have prepared my own tincture, in the proportion of ℥j. to Alcohol 98° Oj.; dose one to two drops.

The following items are taken from the new edition of King's American Dispensatory, now in preparation.*

AGARIC. (Lerchenschwamm.) Touchwood. Spunk. Tinder. *Nat. Ord.*, Fungales or Fungacea. *Sex. Syst.*, Cryptogamia Fungi.

History.—This is obtained from various fungus plants of the mushroom tribe. These plants afford a great diversity of form and structure, being in their simplest character little articulated filaments, composed of chains or cellules, as in the mildew of the rosebush, and in moldiness, *mucor*; again, they may present an even and imperforate surface, and another separated into plates or cells, in which the sporules are deposited. They absorb a great amount of oxygen with evolution of hydrogen and carbonic acid gas, and contain considerable proportions of nitrogen. They are destructive to nearly all organic matter upon which they grow. According to Dr. M. A. Curtis, of N. C., "the genus boletus, as now constituted, includes only fleshy species, with a hymenium composed of *sporable tubes.* Those species formerly included in Boletus, and whose hymenium is composed of *pores*, now form the genus Polyporus."

**King's American Dispensatory*—is now going through a thorough revision; indeed, from what we have seen, it will be almost a new book. Considerable matter of the old edition that could safely be dispensed with, has been left out, and the author has added a large amount of new and efficacious remedies and compounds We stated in a former notice that this book would be ready for the profession next December, but from the vast amount of labor, which the author is bestowing upon it, it is doubtful whether it will be ready before next February or March.

The *Polyporus Officinalis* (*Boletus Laricis*), known by the name of *White Agaric*, *Purging Agaric*, etc., is procured from Asia, Corinthia, Russia, Central America, and the Rocky Mountains, where it is found growing upon the Larch. It is in masses, varying from the size of an ordinary apple to that of a large nutmeg-melon; its shape somewhat resembles a horse's hoof; it is reddish gray or yellow externally, whitish internally, and of a spongy, friable consistence; *hymenium* concrete; *substance of the pileus* consisting of subrotund pores, with their simple dissepiments; *pileus* corky-fleshy, ungulate, zoned, smooth; *pores* yellowish; it has a feeble odor, and a bitter, acid, somewhat sweetish taste. Braconnot found in it 72 parts resinous matter, 2 bitter extractive, 26 of a nutritious animalized principle, which he termed *fungin*. Benzoic acid and several salts have likewise been found in it. It is collected in August and September, deprived of its outer covering, and then dried and placed in the sun.

The *Polyporus* (*Boletus*) *Ignarius*, *Agaric of the Oak*, is a fungus found on the oak, cherry, willow, plum, and other trees; when young it is soft, but gradually becomes hard and woody. In shape it somewhat resembles the preceding; its upper smooth surface is marked with dark circular ridges, and its under is very porous, and of a yellowish-white color. It is tasteless and inodorous. The *Polyporus* (*Boletus*) *Fomentarius*, growing on similar trees with the *P. Ignarius*, when cut in slices, beaten, soaked in a solution of nitre, and dried, forms an inflammable substance, known as *Spunk*, *Amadou*, or *German Tinder*. The *Polyporus Pinicola* grows upon the pine, birch, tamarac, fir, and similar trees; with absolute alcohol the fresh fungus forms a dark-red, intensely bitter tincture. A white amorphous powder, called *laricin*, is obtained from some of these plants. It has a bitter taste, is soluble in alcohol and oil of turpentine, forms a paste with boiling water, and has the formula C_{14}, H_{12}, O_4.

Properties and Uses.—The dust of the *Larch Agaric* is irritating to mucous surfaces, causing tears when it enters the eyes, and sneezing, cough, and nausea, when the nostrils are exposed to it. It has been used in half-drachm or drachm doses as a purgative; in larger doses as an emetic. In doses of from three to ten grains, gradually increasing to sixty grains in the course of the twenty-four hours, it has been found efficacious in arresting the nocturnal perspiration of consumptives. Externally, it has been used, together with the *Agaric of the Oak*, as a styptic, and said to restrain not only venous but arterial hemorrhages, without the use of ligatures. It does not appear, however, to possess any real styptic power, or to act otherwise than dry lint, sponge, or other soft applications

Prepared with nitre, as for tinder, it has been used as a species of moxa.

The *P. Officinalis* and the *P. Pinicola*, in doses of three or four grains of the powder, repeated every three or four hours, or of the concentrated tincture in doses of five drops, have both been found valuable in the cure of obstinate and long standing intermittents, and other diseases common to malarial districts; as, obstinate bilious remittent fever, chronic diarrhœa, chronic dysentery, periodical neuralgia, nervous headache, ague cake, and increased flow of urine. They have likewise proved useful in long standing jaundice, and in the chills and fever common among consumptive patients.

ART. LX.—*Uroscopy at the Bedside*, BY PROF. TIMERMANS, of Turin. Translated by PROF. J. KING, M. D. (Continued.)

The Taste of Urine.—[Urine has been recommended in former times as a detergent wash, a collyrium, and even as a collutory. Pliny, Celsus, Solenander, and Rosino Lentilio used urine in phthisis; Ramazzini substituted urine for hydrochlorate of ammonia in visceral congestion proceeding from malarial cachexy; all of which explains how, in science, the taste of urine has been recognized, and which is said to be saline, bitter, piquant, and disagreeable.]

Urine often varies in quantity, color, odor, and density, and consequently its taste is equally variable. I do not believe then that this latter physical property can in any case serve in the least to establish a diagnosis. Formerly a single case presented itself, saccharine diabetes, in which the taste of the urine could be sometimes a useful indication. By evaporating the urine, and tasting the residue, the saccharine flavor would be ascertained. At the present time, science possesses quite a great number of modes of recognizing glycosuria, which fortunately allows us to dispense with the sense of taste. I will dwell no longer upon this repulsive subject.

Color of the Urine.—Urine has generally a yellowish color oscillating between gold yellow, amber yellow, straw yellow, and vinous yellow; but in the normal state, as well as in disease, it presents various colors, according to its concentration or its aqueous dilution, for which reason Virchow has distinguished *cromaturic* and *acromaturic* diseases. Although limpid and normal, urine may also be fluorescent, and present, according to the action of the light, various tints, and independent of its own color. Prout was the first to distinguish two coloring principles or pigments of the urine; the first, and most abundant, yellow; the other, red. The mixture of these principles, or the predominance of one of them, explains the variety of colors met with in urine, which may be dark-red

or canary-yellow, blackish and grayish, or frequently pale and without color.

The red pigment, called *urophein* by Heller, predominates after a full meal, and abundant sweating, in the decline of acute and febrile diseases, and, in general, every time the urine is more dense and richer in azotized and extractive matters.*

The obscure red tint which the urine takes under these circumstances, gives it the appearance of being tinged with blood, and warrants the idea that this pigment, which, besides, contains iron, is a derivative of hematine. So that among individuals impoverished in blood, chlorotics, anemics, and at the termination of grave and long diseases, the urine is pale, decolorized, poor in *urophein*, except, however, cases of chronic liver disease, fatty degeneration, cirrhosis, and amyloid degeneration, which, according to the observations of Golding Bird, Heller, Beale, and Primavera, may develop sufficient urophein to give the urine the color of malaga wine.

The yellow pigment of urine, named by Heller, *uroxanthine*, appears in quantity relatively inverse of the urophein. If the yellow pigment disappears, the brown-red color prevails. This pigment is abundant with the healthy man, and more especially with diabetics, albuminurics, and in some affections of the spinal marrow, after coitus, and repeated pollutions. Whipping on the buttocks, shock and contusion of the spinal marrow, will produce, according to the observations of Heller and Landerer, a large quantity of uroxanthine.‡ Primavera has pointed out its abundance in typhus, and the reappearance of the urophein is for him a happy augury in this disease.

If *urophein* abounds and predominates in inflammatory fevers, on the contrary, *uroxanthine* is the urinary pigment special to periodic fevers of infection, variola, pyæmia, puerperal fever, and especially to cholera and typhus, the gravity of which, according to Primavera, is in direct ratio with the abundance of this pigment.

*By heating urine without boiling it, and adding one third of hydrochloric acid to it, a more or less deep tint is determined, varying from clear-yellow to blood-red, which indicates the proportion of urophein; sulphuric acid also, sufficiently concentrated, and thrown upon a thin layer of urine, produces a brown color, like malaga urine, which soon extends all throughout the acid, and is more or less dark, according to the proportion of this pigment. Urophein isolated is brown, acid, of urinous odor, and in contact with air is rapidly transformed into carbonate of ammonia.

‡We take concentrated fuming hydrochloric, we add to it a drop of acetic acid, or two drops of nitric acid, and, upon the whole, we throw from 20 to 40 drops of the urine to be tested, being careful that the proportion of the urine to the acid mixture is as 1 to 5; after a few minutes the mixture cools and suddenly becomes reheated; there is then produced a violet color, which turns rather towards red or turquoise blue, which lasts for a longer or shorter time according to the quantity of uroxanthine. [The heated mixture keeps up the color the shortest time.]

Besides the two pigments now known, which, for some, are the only physiological ones, there exists a third, which always indicates morbid conditions, however small may be its quantity (Primavera); this is *urærythrin*. This pigment is the cause of the dark-red brick color of the urine, as well as of its sediment. Prout called it *rosacic acid;* Henry, *roseic acid;* but this is only uric acid and urates strongly colored by the red pigment.

*Urærythrin** (purpurin) is found in abundance in diseases in which *urophein* also abounds, with which it has an affinity sufficiently great to appear its derivative. It is also found in very acute inflammations of the meninges, and in rheumatic and periodic fevers. In these affections, the brick colored sediment is not a characteristic phenomenon; it may be wanting, as Andral has observed, and as I have observed on several occasions. According to this last named author, this brick color is not inevitably the result of febrile access, but appears only when these paroxysms are very intense, long, and accompanied with grave functional disorders, serious visceral congestion, and followed by profuse sweatings.

I have stated that *urærythrin* was probably only a modification of *urophein*, and, indeed, if this last is met with in abundance in inflammatory maladies, it is wanting, according to the observations of Primavera, in typhus, and this renders it a valuable sign of differential diagnosis between typhus and meningitis.

The other pigment of the urine, *uroxanthin*, may undergo modifications. By its reactions with acids, it may become converted into a red pigment, (*urrhodine*), or into an azure-green pigment, (*uroglaucin*), which is found in some diseases of the kidneys and bladder. To make a passing statement, these foreign colors to the normal condition, observed in urine rich in albumen, or decomposed in the bladder, are of a serious prognosis.†

The history of the urinary pigments is so complicated and obscure, that the most varied opinions have prevailed concerning their nomenclature, as well as their origin, their essence, and their semeiotic value. * * * We must observe that *uroglaucin* is confounded by some with *urocyanin*, so called by Martin.

* This pigment is recognized upon throwing several drops of a solution of acetate of lead in 10 cubic centimetres (two and a half fluid drachms) of the urine. This reagent precipitates the urates, the phosphates, and the sulphates. If at the end of a quarter of an hour the sediment becomes white, *urærythrin* is absent. When the precipitate becomes rose-colored this pigment is manifested, and according to the greater or less intensity of the red-color will its abundance vary. Acetate of lead, in precipitating these pigments, decolorizes the urine.

† *Urrhodine* reacts with cold ether, with production of a carmine red-color

Heller made *urocyanin* a derivative of *uroxanthin*; Primavera, on his part, admits a generating principle of *urocyanin*, which he proposes to call *urocyanogen*, and which, by itself, is not blue. *Urocyanogen* has indeed some analogies with *uroxanthin*, since it appears in the same diseases, cholera, palustral fevers, typhus, etc.; but, notwithstanding, there exists several differences between these two bodies.

Uroxanthin is a normal pigment; *urocyanogen* is pathological. The first is frequent, constant; the second is very rare, always fugacious. Under the influence of the reaction of a mixture of hydrochloric and nitric acids, *uroxanthin* gives a blue-color to the liquid. With the same reagents united or separated, *urocyanogen* gives the same color; there is likewise produced *urocyanin*,* which does not pre-exist in the urine like *uroglaucin*, and is an artificial product.

Urocyanogen has the same clinical value as *uroxanthin*. Indeed it is found in the same diseases; but, more than this last, its presence expresses a more serious gravity. Notwithstanding that, however, for this which is a feature of typhus, the cases cited by Primavera, notwithstanding their gravity, were cured very quickly; perhaps, because of the rapid disappearance of this pigment of such unfavorable augury.

Aside from the normal and pathological pigments, and that may variously color the urine, we must also name, the blood, which gives it an obscure red tint; the melanotic pigment, a black; the bile, a more or less dark greenish-yellow; muco-pus and phosphates, which make it whitish, milky, and like an emulsion. Direct examination, the most superficial, frequently suffices to enable us to recognize the efficient cause of these colors; but in the cases of slight or doubtful tints, we must recur to chemical uroscopy in order to positively state that the urine contains, for instance, blood, bile, etc. Indeed, a bloody urine may be confounded with one charged and obscured by *urophein*, and this last may be taken for a urine rich in yellow pigment or *uroxanthin;* finally, the turbidity of urine by chemical sediments must be distinguished according as it is produced by muco-pus or the phosphates.

If sanguinolent urine contains no blood-clot and has no other color than that of the washing of flesh, we must, in order to recognize it, look for hematine, albumen, and globules. Reagents and the microscope will aid in arriving at the result.† We

*To detect *urocyanin*, mix ten cubic centimetres (two and a half fluid drachms) of urine with one third its volmue of ether, and another third of hydrochloric acid. By briskly shaking the mixture for several minutes, we obtain a red-blue, or a greenish-blue color, which the ether carries along with it as it rises to the surface of the liquid contained in a test-tube.

† According to Heller, the research for hematine and albumen, must be conducted as follows: Place a small fragment of caustic potassa in boiling urine, a coralline, flocculent precipitate is produced, composed of albumen and earthy phosphates. Primavera proposes a more certain means: it is to mix with the

do not always observe the globules in bloody urine. In some diseases, as purpura, scorbutus, petechial fevers, and some poisonings, *hemato-globuline* alone filters in the urine, and we have then before us a true *hematinuria*, which chemical uroscopy reveals. This variety of urine is very dark and black, as in the *melanuria* that supervenes after intermittent fevers, and the grave conditions engendered by palustral poisoning. In these cases, the urine deposits a true black or melanin pigment, which serves as a criterion of extreme importance for recognizing the melanotic nature of internal tumors.‡

The tint of urine charged with bile is sombre, of a greenish yellow or decidedly green color, and this is more visible when we examine either the scum or the edges of the liquid. This is due to the biliary pigments, which an obstacle to their excretion has caused to pass directly into the urine. Can hematine be directly transformed into biliary pigment, as has been asserted, in some poisonings, pyemia, and bilious typhoid fever? I will not venture to affirm it.

The principal pigment of the bile, that which tints the urine a more or less deep yellow, has received divers names; it has been called *bilirubine*, *bilifulvine*, *cholechlorine* and *cholepyrrhine*.* These various names have the same value, and designate the same properties. As to the modifications that this pigment may undergo either in the blood or in the urine, before or after its expulsion from the bladder, we know that it may be transformed into green pigment, called *biliverdin*,† which, Primavera states, may return to its first form of *bilifulvine*. In chloremia, not only the biliary pigments, but also the biliary acids (cholate and choleate of soda, bilin or biliary resin) pass into

urine a concentrated solution of tannic acid, which, after boiling, precipitates the albumen in white, and the hematine in black. When bloody urine is dark-red, the action of ammonia causes it to assume a clear tint, a rose hyacinth.

‡ Melanotic urine just passed may be limpid, although of a deep yellow; but the air or the light in a short time renders it brown or turbid. This tint may be rapidly obtained by the action of sulphuric acid, or of chromate of potassa.

* With nitrous-nitric acid, urine which contains this pigment assumes a color at first blue or violet, then green, and finally ruby-red or yellowish-red. The green color alone is characteristic, the others may be obtained from the pigments common to urine. If the urine is albuminous, we obtain the same reaction by using hydrochloric acid, upon which we let the urine fall drop by drop. In bilious urine chloroform produces a greenish-yellow color, especially in the inferior layers where this reagent collects (Valentiner). As this reaction appears in cases in which the other reagents are without effect, Primavera is disposed to admit another biliary pigment *not yet named*. Chloride of barium precipitates the sulphates of urine, and if bile is present, the sediment is yellow, (Capezzuoli). Same effect with the acetate of lead, which forms yellow precipitates with the sulphates, the chlorides, and the phosphates, and, decolorizes the urine.

† Biliverdin does not give the same reaction as bilifulvin. Urine containing biliverdin, treated by hydrochloric, sulphuric, and acetic acids, gives at once the green color without passing through the changes and degradations of tint which bilifulvin gives with nitrous-nitric acid.

the urine, but from their rapid decomposition we either do not find them, or their quantity is so small that it is very difficult to demonstrate them directly.† Besides, the biliary acids do not change the color of the urine, and interest semeiology only because, that circulating with the blood, the slowness of the pulse observed with some icteric patients has been attributed to them. (Rohring.)

The whitish, milky-color, like an emulsion, which the urine assumes, is a matter of extreme importance. This is observed in some diseases of the uropoietic apparatus, as, pyelitis, or catarrh of the bladder, and has led to a belief in the existence of chylous urine, which no fact, strictly observed, can allow us to admit. The microscopical and chemical examination of the sediments we now refer to, pus corpuscles, mucous globules, abundance of crystals of tribasic phosphate, the reaction of mucine by ammonia, will all explain the constitution of this urine, which, at times, assumes the appearance of lime or magnesia water.—Dr. E. Solles. *L'Union Medicale de la Gironde*, 1869, *p.* 424.

Art. LXI.—*Intermittent Fever:—Masked Intermittent; Conjestive Intermittent; Malignant Intermittent.* By C. D. R. Kirk, M.D.

When called to a case of intermittent fever—a common chill and fever—and no particular appearance of the tongue that indicates an emetic or cathartic, the kidneys and skin not functionally deranged, or, perhaps, by some domestic remedies, these organs have been regulated,—I generally give the following: ℞ Sul. Quinine, Ferrocyanide of Iron, aa., grs. xij.; Hydrastine, Gum Camphor, aa., grs. iv. Mix. Divide into ten powders, or form ten pills with a little Mucilage of Gum Arabic. Give one pill every two hours, beginning six or eight hours before the expected chill, and increase to two, or give the last two or three doses every hour. To make it more certain, divide the compound into three powders and give one every three hours, and twenty drops of Simple Tincture Gelseminum with each powder, beginning six or eight hours before the expected chill.

When we wish to prevent a chill that is expected in three or four hours, Chloroform, internally, will be of no little assistance. The following is very good: ℞ Sul. Quinine, grs. xv.; Chloroform, Tincture Gelseminum, aa. ℥j; Glycerine, ℥ss; M. The dose is a teaspoonful every hour. Sul. Morphine is very good in some cases as an auxiliary. ℞ Sul. Quinine grs. iv;

† To find them, we must evaporate the urine to dryness, collect the residue, treat it with alcohol, add to it a solution of sugar, then treat it with sulphuric acid; if the urine contains these biliary acids, it becomes of a purplish-red tint. —*Petenkoffer.*

Gum Camphor, Pulverized Capsicum, aa., grs. ij.; Sul. Morphine, grs. ss. M. To begin about two hours before the expected chill, after giving mild tonics.

We are often called to treat cases in which patent medicine, Calomel and Quinine, have been thoroughly tried; but without any real benefit to the patient. In such cases the above anti-periodic may prevent the chill for the time, but will not cure. The stomach may be in such an impaired condition the Quinine, etc., will not be absorbed, or there is some abnormal condition that will not yield, or be removed by the anti-periodic. This we generally find to be an obstructed portal circulation, which must be removed before a permanent cure can be expected. To accomplish this, an emetic of the common emetic powder, given in small doses, and followed (after the emetic has acted thoroughly,)with a compound cathartic--podophyllin, Leptandrin, Euonymine and Capsicum given in thick Elm or Gum Arabic Mucilage, (Podophyllin and Capsicum sometimes irritate the stomach, when given immediately after an emetic, unless they are suspended in mucilage). After the emetic and cathartic have removed the portal obstruction, the Quinine, Iron, and Tincture of Gelseminum, in appropriate dose, conjoined with a soda bath, warm, will speedily cure.

In those cases that have resisted anti-periodics, and there seems to be no obstruction, as above mentioned, no pinching pain in left shoulder, nor soreness nor pain in the region of the liver, we generally find the cause to be in the stomach; the tongue either indicating irritation of the stomach, or a weak and relaxed condition, with a redundancy of mucous secretion. In the first condition the tongue is coated with a thin, fine, white coat, hard and red on the edges. The tongue in the second is pale, broad and flabby, with a dirty pasty coat.

In the first case, or where there is irritation of the stomach, we must first allay that by applying mustard to the epigastrium, bathing the feet in hot mustard water, etc., at the same time give the following internally: ℞ Tincture Gelseminum, ʒiss; Sul. Morphine, gr. j.; Mucilage of Gum Arabic, ʒv. M. The dose is a teaspoonful every hour; also, give an infusion of peach tree bark; and elm bark tea instead of water as a common drink. Should the above not relieve the irritation the following may be given: ℞ Sub. Nitrate Bismuth, grs. x; Sul. Morphine, gr. j.; Mucilage of Gum Arabic, q. s. to make ten pills. Give one every hour. After the stomach becomes quiet, to prevent the chill or fever: ℞ Sul. Quinine, grs. xij.; Tincture Gelseminum, ʒj.; Hydrastine, grs. vj. M. Give a third every three hours by enema.

The second case should be treated by an emetic to remove the mucous accumulation, and then the Quinine, Iron, etc.

In those cases where Quinine produces unpleasant symptoms through an idiosyncrasy, and fails to cure, Cornin will be found

quite efficient. If the taste of Quinine is nauseous, give it in pill form or by enema. I am opposed to large doses of Quinine, except in congestive chills—would rather combine it with other agents and give small doses.

In those cases that return every two or three weeks, either with or without a chill, our treatment must be tonic and alterative combined. The glandular system must be regulated and the nervous and muscular strengthened. If an emetic is indicated begin the treatment by giving a thorough one, followed by the tonics and alteratives. The following is very good: ℞ Hydrastis can., Menispermum can., Eupatorium, perf., Leptandrinum, virg., aa. (pulverized) ʒiij.; Podophyllum pelt., ʒj.; water, Oiv. M. Boil slowly to one pint and add a third whisky. The dose is from a tea to a tablespoonful three times a day. At the same time ℞ Tinc. Nux Vomica, Tinc. Ferri Chlo., aa. M. Give ten drops three times a day, and gradually increase it to twenty drops each dose. Should the urine become scanty, high colored, and acid, with dry skin, the above alterative may be omitted for a few days and the Acetate of Potash given in an infusion of Queen of the Meadow root (eupatorium purpu) three times a day, enough should be given to clear the urine and increase its quantity to something more than normal. If there is an enlarged spleen apply the irritating plaster (compound tar) and cause a free discharge over the front region of the spleen.

Masked Intermittent.—"Under this head it is useless for us to do more than to apprise the young physician that among those forms of diseases, which in a normal mode of presenting themselves are familiar to every practitioner, do frequently obtrude themselves upon our notice in a masked form; and what is still important to be known is the fact that they will yield to no other means of cure than those which are applicable to the regular form of intermittent fever."—*Eclectic Practice, Newton and Powell.* Should the complication be of the nervous system alone the Quinine should be increased.

Congestive Intermittent is so much more severe than a common intermittent that we are often summoned to treat, as the patient thinks, a congestive chill. The cold stage is greatly protracted; the symptoms indicate a congested condition of all the viscera. The patient is too hot or too cold; some pain in the head; a feeble pulse; some congestion of the lungs; the countenance appears anxious; and the pulse, though frequent in the hot stage, is small and tense. The tongue is generally broad and thin, with a white coat to the edges and end; sometimes it is heavily coated and thick.

The treatment is, generally, after the patient has been treating himself with domestic remedies for simple intermittent fever, and at that time Podophyllin will, properly administered, prepare the patient for an anti-periodic better than any agent

I have ever yet tried. However, when called before any medicine has been given, an emetic to precede the Podophyllin will be of great benefit. I generally give Podophyllin with Dover's powders as follows: ℞ Podophyllin, grs. iiss. to grs. iij.; Dover's powders, grs. x. M. Divide into three powders. The dose is one powder every three hours, and if they fail to act in four hours after giving the last, give oil, or an enema of warm soapsuds. After the cathartic has acted, give the Quinine, Iron and Gelseminum in full doses every three hours, beginning six or eight hours before the expected chill. The patient should be bathed to the hips at night in warm soda water. The anti-periodic compound should be given the next day after the chill has been prevented, and some mild tonic for several days to prevent a relapse; the following is very good: ℞ Hydrastis Can. pul., ℥ij.; Phos. Iron, ℥ij.; Whisky, Oj. The dose is from a tea to a tablespoonful three times a day. After mixing well each time of taking.

Malignant Intermittent or congestive chill is of frequent occurrence, but we are generally called to relieve the patient of a dangerous condition as well as to prevent a recurrence of the same. If there are any premonitory symptoms of a congestive chill I have not been able to detect them. The pulse ceasing at the wrist is often the first thing that warns the physician of what he has to contend, for the symptoms up to that time are often very much like the common chill; however, many are attacked like a person with cholera—congestion of the stomach and bowels. Should there be cold extremities and great heat over the chest and abdomen; no pulse at the wrist; severe dyspnœa, with a great deal of mental excitement, have the patient immersed to the body in hot mustard water; his arms well rubbed with dry mustard; and give internally large doses of Quinine, Camphor and Capsicum. When the patient is taken out of the water, have his extremities wrapped in cloths that have been dipped in hot mustard water, and apply cold water to his body, lightly at first. The cloths should be woolen and covered immediately with dry blankets. When there is vomiting and a colliquative diarrhœa, with a cold perspiration over the whole surface of the body; the hands and feet resembling a wash-woman's; no pulse at the wrists; the patient complaining of an intense burning heat externally—we must get up all external heat that we can by applying hot applications to the body as well as the extremities. Have the patient rubbed well on the spine and extremities with mustard, red pepper tea, and brandy as hot as can be borne, and apply hot ears of corn, hot blankets made so by dipping them in hot mustard water; and give internally (by enema and by the mouth) until reaction is fairly established: ℞ Sul. Quinine, grs. xx.; Gum Camphor, Capsicum, aa. grs. vij.; Carb. Ammonia, grs. x.; Sul. Morphine, grs. ss. M. Divide in three pow-

ders and give one every half to three-quarters of an hour, in strong coffee or brandy. Tannin added to the powders that are given by enema will be of great benefit. A good prescription is: ℞ Strong Infusion of Coffee, Peach Brandy, aa. ℥ij.; Sul. Quinine, grs. xx.; Sul. Morphine, grs. ss.; Tannin, grs. xv. Mix well and use by enema at two doses.

To prevent a return of the chill, after reaction has been established, give agents to act on the whole glandular system in a mild manner, an emetic if indicated, followed by Podophyllin, Sanguinarin and Eupurpurin, with hot alkaline bath; then give Sul. Quinine, Phos. Iron, Hydrastin, Pul. Capsicum, Gum Camphor, and Tincture Gelseminum.

The wet sheet, shower bath, etc., are recommended by some physicians in those cases of great capiliary congestion; and I don't doubt that some patients have been saved by hydropathy, but the showers and sheet should be used with great care—used as "kill or cure remedies."

The patient can hardly be considered out of danger until he is strong. I have known cases to pass safely through three expected "chill times." and then unexpectedly the chill would return and prove fatal in a very short time.

ART. LXII.—*Hamamelis Virginica.* BY J. A. MUNK, M. D., Washington, O.

The Witch Hazel is a shrub or small tree growing in various sections of our country; and found in damp, shady woodland, by the side of water courses, and on hills and mountains, in gravelly and sandy soil. It is rarely seen in plains or alluvions, and will only flourish in shady places; for if planted where it is under the direct influence of the sun, it soon dies. It is a most beautiful shrub, and in the fall and winter, when nearly all vegetation is disrobed of the mantle, "green and gold," the Witch Hazel puts forth its bright yellow flowers, making a fine contrast with its neighbors—the bare forest trees, (for a full botanical description see King's Dispensatory.)

In ancient times, the adepts of the occult arts employed the small branches of this shrub for "divining rods," to indicate the site where precious metals were hidden in the ground; for this purpose it had gained great celebrity among the superstitious, and even to this day believers in its magical powers are to be found.

As a medicinal agent it was extensively employed for many years by the Indians, as a vulnerary; and not until of late years has it been employed to any considerable extent by the medical fraternity.

Properties, tonic, astringent, and said to be sedative. As a tonic it proves valuable in many diseases, especially in such cases in which there is a weakened state of the nervous system.

In all varicose conditions of the veins it is of service, both by its internal administration, and local application, either in the form of a decoction or tincture. I prefer, in all cases, a tincture prepared from the green leaves, gathered when fully matured, in the month of August. Take any desired quantity of the leaves, bruise them in a mortar, then moisten with alcohol, and pack tightly in a percolator of sufficient size, pour on alcohol 25°, until the fluid which passes is devoid of astringency. I use the article in this form exclusively, having tried the officinal fluid extract, and Pond's extract, but prefer this preparation, as I find it more uniform in strength and reliable in action, and equally pleasant to the taste, but which can be greatly improved by adding the desired quantity of glycerine or simple syrup, and to which the most fastidious will not object. The above preparation is always indicated when the article is referred to.

It has a gentle tonic influence on mucous membranes, and is espicially serviceable in chronic inflammations of these membranes. In chronic pharyngitis it proves very efficient, used as a gargle several times a day, though it may be alternated with other tonic and astringent washes with advantage.

In diarrhœa it acts admirably, and is more particularly adapted to such cases in which there are large watery alvine evacuations, with absence of tormina and tenesmus; given in teaspoonful doses, every hour until relieved; or a combination may be used like this:—℞ Aromatic Syrup, Rhei. et Pot., Tr. Opii., Camphor., Tr. Hamamelis, equal parts; dose one-half to a teaspoonful every hour, for griping pains in the bowels, in connection with the diarrhœa. In hemorrhoids it aids much in effecting a cure, by strengthening the venous circulation; a teaspoonful three times a day; but it should always be associated with a local application of Monsel's solution of Persulphate of Iron and Tincture of Opium, equal parts; moisten a piece of lint of proper size, and introduce into the rectum at night. Prof. Scudder first suggested this treatment, and if there is any cure for piles this course will accomplish a cure. Such has been my experience.

In uterine hemorrhage, I depend more upon this one remedy than all other agents I have ever employed. In the active form of menorrhagia, measures will have to be resorted to to overcome any inflammation which may be present. In the passive form, it acts with even greater certainty. In protracted hemorrhage, following abortion, I have found it to be *the* remedy. In these cases the dose will vary so as to suit each case, from a teaspoonful every half hour to a teaspoonful three times a day. In procidentia uteri, it proves beneficial, taken internally, and used locally by means of a rubber pump syringe. In leucorrhœa, by injecting a dilute tincture, first cleansing the parts with water alone, will frequently arrest the

leucorrhœal discharge, and restore tone to the enfeebled vaginal walls.

ART. LXIII.—*A Case of Obscure Hernia*: BY N. H. SIDWELL, M. D., Maineville, O.

I was called in haste at 10½ P. M. Tuesday, August 10th, to see Mr. William Hewitt, aged 42 years, bachelor, grocer; had been in declining health for six months. On arrival, found him suffering from acute and violent pains in stomach and bowels—in the latter of a griping character—extreme nausea and vomiting, the matter vomited consisted of some peaches he had eaten during the evening, together with his supper, which had been rather hearty; pulse somewhat excited; temperature of the skin normal; considerable restlessness and agitation; somewhat thirsty; tenderness on pressure over the epigastric and umbilical regions; tongue coated white, with reddened tip, and edges moist. Gave infusion of Compound Powder of Rhubarb and Potash, to relieve nausea and vomiting, together with sinapisms over stomach and bowels; also on soles of his feet and ankles; to relieve cramps, gave compound Tincture Cajaput, in teaspoonful doses. Was called away to see another patient; on returning, about 1 A. M., found his condition about the same; continued treatment.

Wednesday, 11th, 7½ A. M., vomiting somewhat abated, though considerable nausea, and pain in his bowels in same location as complained of last night; tongue coated white, moist; pulse somewhat depressed; countenance anxious; tossing about on the bed; skin normal; occasional cramping in bowels, principally in umbilical regions; tenderness on pressure: considerable thirst; stomach would not retain the infusion; bowels constipated; gave Rhubarb, Carb. Magnesia, aa, grs. iij.; Leptandrine, grs. j., every three hours, and if cramps, the cajaput mixture.

Thursday, 12th, 8 A. M., resting somewhat easier, though considerable pain and tenderness in epigastric and umbilical regions; pulse 110 and small, though not wiry; somewhat excited as to his condition; some little tympanitis; vomiting occasionally; no action on his bowels; continued the powders with injections of castile soap and warm water. Evening, 6 P. M., about the same as in the morning; gave Opium in grain doses to relieve pains, every 4 to 6 hours.

Friday, 13th, 7½ A. M., condition about the same as yesterday: gave decoction of neutralizing powder, in tablespoonful doses every 1½ to 2 hours, with the soap injections. Evening, feeling a little more comfortable; bowels not moved.

Saturday, 14th, 8 A. M., stomach rejected the decoction as it did on Wednesday. Considerable restlessness; tossing about on the bed; great thirst; pulse 120, and small, easily com-

pressible; tympanitis increased; bowels not moved; ordered injections of Comp. Powder Jalap and Senna; a few small lumps of hardened fæces came away with the injection; gave Tincture of Aconite and Veratrum in drop doses each hour, and applied fomentations of hops, hot, on stomach and bowels. Evening, 5 P. M., pain in bowels somewhat relieved by the application of hops; otherwise, his condition about the same as in the morning.

Sunday, 15th, 8 A. M., resting by spells; at other times, complaining of pain in umbilical and epigastric region. Pulse excited, small and wiry; tympanitis increasing. To be brief, all the symptoms became aggravated—pains, occasional cramps in the upper bowels, tympanitis, dyspnœa, with hurried respiration; oppression of the stomach; pulse frequent and small—until Wednesday, the 18th, the 9th day of his illness, when he commenced stercoraceous vomiting, by filling a gallon chamber one-half full of fæcal matter, remarkably offensive, filling the room with an acrid pungent odor; he then seemed to rest easier than he had done for two or three days. I may here state that Dr. Semlin saw the case with me the morning of the 17th, and continued during the man's illness.

Evening of the 18th, 6½ P. M., occasional vomiting of stercoraceous matter; ordered copious injections of Comp. Powder Jalap and Sweet Oil, f℥j., which he almost immediately threw up, with a quantity of fæcal matter; obstinate constipation, with cold perspiration.

Thursday the 19th, 8 A. M., passed a restless night, has not vomited any since 2 A. M.; tympanitis increased to such an extent as to mark the convolutions of the intestines through the abdominal walls; pulse quick, small and feeble; gave f℥j Sweet Oil, which was retained, also Chloroform and Sulph. Ether to relieve tympanitis; continued copious injections of Jalap and Senna. Noon, about the same as in the morning. Evening, 6½ P. M., more restless with pains and dyspnœa, with quick respiration; wants to be fanned constantly and vigorously; complains of fullness in epigastric region extending upward. Continued injections with Opium to relieve pains.

Friday the 20th, 7½ A. M., pulse 130, small; abdomen enlarged, and hard to the touch; hiccough and spitting up of fæcal matter—evidently sinking. Noon, pulse the same, cold perspiration, wants to be bathed constantly with warm water. 3½ P. M., sent for in haste; found, on arrival, patient pulseless. Hyperæmia continued; much agitated, wants to know "if he will live through it." *Suffering extreme agony of pains and gripings in left iliac region, with stercoraceous vomiting*, which continued, notwithstanding large doses of opiates, til 5½ P. M., when death closed the scene, the eleventh day of his illness. The pains and cramps which he labored under for the two hours previous to death, were severe in the extreme, and

were located exclusively in the left iliac region. I have witnessed soldiers in the army dying from the effects of gun-shot wounds of the stomach and bowels, suffer pains, and heard their shrieks of agony, but this man seemed in more agony than they. During his illness his urinary apparatus was in a normal condition; his tongue coated white, moist, with reddened tip and edges; there was constant pain in epigastric and umbilical regions, with considerable tenderness on pressure. His pulse was not affected till the third day, though on the second it was somewhat depressed. His mind was clear to the last; there was rapid emaciation with great loss of strength from the third day, so that for two days before death we could hardly prevail on him to let the syringe be used; his position, when quiet, was mostly on the side with limbs gently flexed, though a good part of the time on his back.

My diagnosis was, acute enteritis, meaning by that, acute inflammation of the mucous and muscular layer of the bowels, terminating in ilius, from what direct cause I was at a loss to conjecture, but thought, perhaps, from adhesive bands being thrown out, thus producing a closure of the bowel. We shall see how we were borne out in our diagnosis by the autopsy 15 hours after death.

I will first state that the deceased hurt himself with a plow handle, while plowing, in the left groin, about a year ago; since when there has been a swelling in the groin about one half the size of of a hen's egg; but since his illness it increased double its usual size. This tumor was located in the left inguinal region, external to Pouparts ligament, just beneath the integument, and directly in the track of the inguinal canal. I was assisted in the post-mortem by Drs. Semlin and Bishop, the latter's son, a student, was also present and assisted.

Body much emaciated; tympanitis diminished since death; skin much discolored over whole abdomen, as well as over the tumor. We opened the cavity of the abdomen in the usual manner, found the peritoneum red, dry, and adhered closely to abdominal walls; the intestines presenting the usual appearance of extensive inflammation from the duodenum to the rectum; liver much congested and presenting a very dark livid appearance, and easily broken down; gall bladder much enlarged, and filled with dark bile; but what most interested us was, on dissecting the tumor, previously mentioned, we found the inguinal canal partially dilated, and on examinaining the opening of the internal ring, found that a portion of intestine had become *strangulated* in the ring, producing a complete closure of the bowel, it was mortified at the seat of the strangulation, so as to be readily broken up with the fingers. This tumor was of the fibro-plastic variety, and was situated, as before stated, just beneath the integument, and directly in the track of an inguinal hernia.

Query.—Was this impaction of the bowels by being forced partially in the ring, the primary or secondary cause of his illness? Recollect he never, until two or three hours before death, complained of pain in the region of the strangulation; also that he did not have stercoraceous vomiting until the 9th day of his illness; furthermore, there was no circumscribed tenderness over the spot, but on the contrary, he complained solely—with the exception mentioned two or three hours before death—of pains in the epigastric and umbilical region, and from these diffused over the abdomen. And again, there was not that extreme degree of prostration of the system at the beginning of the attack, that we should have witnessed had the impaction been primary.

Another *query*: what was the cause of the *extreme pains and violent cramps suffered*—in the region of the strangulation—for two hours before death?

In answer to the first query: could it have been brought about, *i. e.*, the strangulation, something in this manner, viz., that in consequence of partial dilatation of the inguinal canal by the increase in size of the tumor externally, and the downward pressure of the bowels, consequent on their tympanitic condition, and excessive and persistent vomiting. A portion of the bowel was found in the internal ring, producing a closure of the bowel. Whether or not the internal strangulation was primary or secondary, it was a matter of impossibility to detect it, both on account of the position of the tumor and the absence, at the onset, of the prominent symptoms of strangulation.

As to the second *query*: I am at a loss as to the cause, as there was no part of the omentum engaged in the ring, and the bowel had evidently been strangulated for at least 48 hours before death, if not longer.

In case I should have the misfortune to have just such another case, presenting the same set of symptoms, etc., would I be justified in operating for strangulated hernia.

Remarks by Prof. A. J. Howe.—Dr. Sidwell has done the readers of the *Journal* a great favor in reporting the symptoms and pathology of the case under his professional charge. If it had not been for the autopsy, very few would have conjectured that strangulated hernia was the immediate or remote cause of death. The symptoms clearly indicated intestinal obstruction, at least after the more advanced stages of the disease had been reached. The tumor in the groin of a year's growth, was known to exist, but it was not tender, and bore no evidence of being hernial; the pain and uneasiness in the bowels did not seem to arise from the tumor, or to have any connection with it. The intestinal distress appeared like that which comes from intussusception, and Dr. Sidwell was justi-

fied in arriving at the conclusion he did. However, a physician who has had several cases of strangulated hernia to treat, and has observed that the duration of the disease, and character of the symptoms, are not always the same, is led to suspect from the constitutional disturbance what may possibly be the local cause. Dr. Birkett, in his contribution to *Holmes' System of Surgery*, in a marginal note, p. 257, vol. IV., says: "In consequence, therefore, of the fatal results which almost inevitably ensue if a strangulated intestine be not speedily liberated, it is the paramount duty of every medical man, when called upon to afford relief in cases of continued vomiting, to examine those regions of the abdominal walls in which hernial protrusions take place.

"After long hospital experience, during which time the number of cases of hernia coming under our observation has been very large, many of which have been entirely overlooked until the last stage, we feel it our duty to allude to another cause of destruction. Among the poor it has frequently happened that a friend of the sufferer has gone to a Chemist's shop to relate the symptoms, and vomiting and constipation being the most prominent, drastic purgatives were prescribed, and repeatedly swallowed by the patient. Thus not only was valuable time lost, but treatment of the most injurious kind adopted"

Malgaigne reports a case in which death took place from extreme nervous depression, arising from strangulation. The autopsy showed no evidence of gangrene, ulceration, or peritonitis; and the existence of hernia was not suspected. The vomiting and constitutional disturbance existed eight days before the patient succumbed.

In the case reported by Dr. Sidwell, there is reason to suppose that the tumor growing in the inguinal canal or its outlet, exerted an influence upon the region favoring intestinal protrusion past the boundaries of the internal ring; from some exciting cause, as a temporary state of indigestion, or the accumulation of flatus, the constriction upon a captured knuckle of intestine commenced; the vomiting was the earliest sign of the state of strangulation, though it was not so interpreted; the succeeding symptoms were not unlike those attending strangulated hernia, yet the same may arise from any form of intestinal obstruction.

The treatment was proper for an ordinary curable form of intestinal obstruction, but not of a kind to relieve and overcome strangulation. It is possible that if the real condition had been suspected, though not positively known, the patient might have been cured. Manipulation of the inguinal canals, while the patient was under the influence of chloroform, may have dislodged the incarcerated bowel. This is not intended as a criticism upon the course pursued by Dr. Sidwell, who is a medical gentleman of large experience and rare qualifications.

The case was peculiar on account of the presence of the tumor. He would not have been justified in performing a cutting operation to relieve strangulation, for there was nothing besides constitutional symptoms to indicate such a state, and they often exist from other causes. The late Senator Fessenden, of Maine, presented similar symptoms during his last illness; and the true pathological state was not known till a *post-mortem* examination revealed a stricture of the small intestine near the cœcum. Strangulation and intussusception were suspected, but there was nothing to justify operative measures:

> "As if a man must be dissected,
> To find out what part is disaffected."

It is asked in a query, what was the cause of the extreme pain and violent cramps suffered in the region of the strangulation for two hours before death? In reply I would say that extreme pain just before death from intestinal strangulation, is generally attendant upon fæcal extravasation from the gangrenous or ruptured bowel. The report states that the intestine at the point of strangulation was found to be mortified, but nothing was said about the escape of fæcal matter into the peritoneal cavity. As soon as gangrene takes place it is not uncommon for the constitutional disturbance to abate; and then a local affection, as the escape of fæces into the abdominal cavity, may become manifest in pain.

Distress in the epigastrium, and a peculiar sensation of tightness or constriction referred to the umbilicus, are pathognomonic of strangulated hernia.

ART. LXIV.—*A Case of Cholera Morbus:* BY H. T. WEBSTER, M. D. Lordstown, Ohio.

On the night of August 26th I was called about midnight to the bedside of a young married lady of anemic diathesis, whom I found suffering from continual nausea attended every half hour with retching and vomiting, which was accompanied by exhaustive discharges from the bowels. She was very much exhausted, the vomiting and diarrhœa having been present since three o'clock in the afternoon. She informed me that for several days previous she had been eating a great many pears with other fall fruit, such as green corn, cucumbers, etc.

I pronounced it cholera morbus, and ordered Compound Tincture Cajeput in drachm doses, repeated every twenty minutes until the vomiting was checked, and every hour until the discharges were stopped. In the morning I received another summons, and on arriving, found that though the diarrhœa had stopped, the vomiting had returned, and she could keep nothing on her stomach. I found upon examination of the tongue a white coat, with pallid mucous membranes. In fact,

I never looked into such a ghastly looking hole before in all my life. The extremities were cold, with general indications of feeble circulation and tendency to stasis. I immediately prescribed Soda Bicarb. ℥ss; Aqua, ℥iv; a teaspoonful every hour. Quinia Sul., grs. iij; divide into three powders, one to be taken every three hours. Went back at night, and found her much better. She said that she had not vomited since taking the first dose of the solution, had eaten some chicken broth which her stomach had tolerated. I found her improving so fast that I made no change in the treatment, but ordered it to be continued for two or three days, and she is now convalescent. I never saw a case before in which the doctrine laid down by Prof. Scudder in his Principles of Medicine was more clearly demonstrated, and the more that I see of the practice of medicine, the more I am convinced that the work is written from a thorough understanding of the subject, based upon a thorough and careful investigation of each point and principle, and my advice to the student of medicine is, procure Scudder's Principles and study it carefully, for you can base a practice on no safer authority, and will find it so plain and simple that any and all may comprehend. If I could have but one work for a reference-book, Scudder's Principles would be my choice.

ART. LXV.—*Time of Impregnation:* BY G. S. GOODHEART, M. D., Harrison, Ohio.

An impression quite prevalent among the public generally, and to a large extent also favorably received and advocated by some medical writers is, that the human female is not at all liable to conceive if congress is had only during the two weeks next preceeding the menstrual flow.

With a view of correcting this quite current error, I have concluded to present for your consideration the following cases taken from a paper on the duration of pregnancy, drawn up by Dr. James Reid, physician to the General Lying-in Hospital, and published in the London Lancet as early as July 20th, 1850.

Out of a large number of pregnancies, Dr. Reid reports but 25 authenticated cases due to a single coitus; of these, in 15 only was the catamenial period observed, and in 4 of the 15 it stood as follows:

1. Catamenia terminated Nov. 6, connection only Nov. 18, confined Aug. 20, (275 days.)
2. Catamenia Jan. 10, connection only Feb. 2, confined Oct. 31, (271 days).
3. Catamenia June 15, connection only July 1, confined April 5, (278 days).
4. Catamenia Nov. 7, connection only Nov. 18, confined Aug. 21, (276 days).

Taking five days as the average time for the menstrual flow, we shall have the 1st conceiving on Nov. 18th, when the menses ought to have appeared on the 29th, that is, 11 days prior to conception; the 2nd on Feb. 2, when the menses ought to have appeared; the 3rd on July 1st, 7 days before, and the 4th on Nov. 11th, 11 days before the menstrual period.

In addition to the above, will be found in the Lancet of Dec. 18, 1844 a case by Dr. Girdwood, stating that "the husband arrived at his home on May 31st; the catamenia ought to have appeared on June 2nd, but did not; symptoms of pregnancy soon after were evident, and parturition took place March 1st, (274 days)."

In his work on exposition of Signs and Symptoms of Pregnancy, Dr. Montgomery reports a case in which the catamenial flow terminated Oct. 18th; was impregnated Nov 10th, one connection; quickened Jan 28th; and was confined Aug. 17th, (280 days).

One case is recorded by Dr. Dewees, in which the woman conceived six days before the time of the menses. The menses in this case, came on once after conception had taken place.

In summing up the above cases we have 18 in which the time for the appearance of the menses is given, two of the women conceived on the very day they ought to have menstruated; one, two days before; one six days before; two eleven days before, and one seven days before the menses should have appeared, making seven out of eighteen, or nearly 40 per cent. that conceived within eleven days next preceding the menses.

ART. LXVI.—*A Case in Practice.* By H. C. Davidson, M. D., Butler Co., Mo.

The following case may be interesting to some of your readers:

Mr. C. aet 32, nervo-bilious temperament, gave me a history of his case, and asked me to treat it, now about two years ago. Eight or ten years ago he discovered an abnormal frequency of micturition, water more transparent than natural; periodical paroxysms occurring every week, and lasting generally two days. During paroxysms experienced an uneasy and rather aching sensation in the back, with lassitude. Joined the army in 62. Saw very hard service, (scouting nearly all the time on horseback). Disease increased in severity, but nothing was done until '65, when his symptoms were alarming. The bowels never acted without medicine, and first and last, all the cathartics in materia medica were given, but without success. A heart disease intervened, for which were prescribed digitalis, veratrum, etc.

When the case came to my notice, the patient was greatly emaciated; continued fever, great nervous irritability, tongue

very broad, and coated with dark or dirty matter, breath very offensive, pain and soreness in lumbar vertebræ; soreness in the perineum; paroxysms of diabetes recurring regularly every week. During each paroxysm (of about 48 hours) there were from two to three gallons of water voided. The symptoms of heart disease were fearful. Constipation of bowels extreme. An evil not to be overlooked—the patient had lost all hope.

1. The patient was positively prohibited from using any purgative whatever.
2. Diluted hydrochloric acid was applied to right side of the throat, the bowels and inside of the thighs.
3. Bathe the whole surface in warm alkaline water with tonic added, (decoction of oak bark, peruvian bark, etc.)
4. Apply composition tar plaster to back and perineum.
5. Give tincture veratrum, to moderate action of heart, etc.
6. Pulse properly regulated (it was 90–110 per minute). Give tincture strychnia and quinia ℥i, tincture cimicifuga ℥ii; ten to fifteen drops three times per day.
7. Strength having improved, bathe in water at ordinary temperature.
8. After five or six months, began the use of hypophosphite of lime. In fact, the treatment was reduced almost entirely to this, with bathing and the use of the tar plaster.

While giving the symptoms, I omitted to state that impotency had become an important item. This will account for some peculiarity in treatment. The patient is able to attend to a large business. He says he is well. I must be allowed to say that this habit of "purging" for everything, forever ought to cease.

PERISCOPE.

Delirium Tremens. By James Paget.

I dare say you are all impressed with the general belief, which is still very prevalent, that delirium tremens depends mainly on abstracting stimulants from a person largely addicted to them. I will not say that it never depends on that, but what is more certain is, that it is much more likely to ensue when a person who is largely addicted to the use of stimulants leaves off food. So long as a man keeps up both the eating and the drinking, he is in little risk of delirium tremens. When either suddenly he leaves off eating and takes to drinking, or when gradually he diminishes his food and increases his drink, he is in the greatest danger of that disease. So that we come to this—which may seem paradoxical and immoral too—that a man who both eats and drinks too much

is in less danger than a man who commits only one of those excesses. The double fault is less mischievous than the single; the eating countervails the harm that would ensue from the drinking. If we look about in society we may see this very plainly. There are still many persons habitually engaged in too great eating and drinking, doing both to excess; and they are in danger of breaking down in various defects of digestion and the consequent disturbances, but they are in no danger of delirium tremens. The people who are in that danger, and show the evil effects of drinking in the most marked form, are they who drink largely and eat little. And in all such cases, the risk of delirium tremens is not in diminishing the drink, but in not seeing that the patient takes sufficient food.

The admission of this fact has very much simplified the treatment of delirium tremens; and not simplified it alone, but made it more successful. I can well remember when, twenty-five or thirty years ago, delirium tremens was looked upon as a thing very likely to be fatal. It was treated with large quantities of stimulants and large quantities of opium; and this course of treatment was supposed to be necessary to cure it. Now we do not materially increase the quantity of stimulant when a man becomes the subject of delirium tremens; and we give no excessive doses of laudanum. The thing that we especially look to in these cases, is that by any means the patients should be fed—fed by the rectum, if they cannot be fed by the stomach.

Injections of Morphia in the Pains and After-pains of Labor.

Dr. Ernest Kormann read a paper on this subject before the *Gesellschaft fur Geburtshulfe*, at Leipzig, which gives very interesting results as obtained by this treatment. The author does not in the least hesitate to inject morphia for the relief of labor-pains, when they are severe, especially in primiparæ, and also in those subjects who have contracted pelvis. He employs a solution of the sulphate of morphia, three grains to the drachm; it does not require any acidulation to keep the salt dissolved. He gives from one to three injections during the course of a labor; usually only one, however. The doses employed range from about $\frac{1}{4}$ to $\frac{1}{2}$ grain, and he has never had reason to think they did harm. They do not appear to interfere with the steady progress of the labor, though they often reduce the frequency of uterine contractions, when these have been what English people call "niggling." He thinks that they may be used either during the dilating or the expulsory stage of the labor; the former process they often actively aid. It is a remarkable though intelligible fact, that patients who have been injected during labor seldom have

after-pains; but when the latter have occurred, injection is a most useful and valuable agent in procuring that repose which is so necessary to restore the woman's strength after the fatigues of parturition. The locality which Kormann selects for injection is always the thigh. Besides the above general uses of the injection in parturient women, painful complications, and especially *cramps* of the muscles of the extremities, may be most effectively treated by this method.

Prussiate of Potash: By J. W. Towne, M. D.

The class of cases in which it may be prescribed with benefit are invalids, especially females, of enfeebled habits, relaxed fibre, feeble digestion, sour stomach, and with flatulence, sleeplessness, and the various symptoms attending such states of the system; among which are pain more or less intense in the stomach, bowels, head, face, and back; the bowels more or less irregular; pulse often quick, irritable, easily excited, and seldom regular for any length of time; with hands and feet more or less inclined to be cold. Such cases are always troublesome; anodynes may afford some relief, but often produce other unpleasant symptoms or aggravate some of those already existing. Tonics will heat the system, producing thirst and feverish symptoms. Alteratives are not well borne, or produce little effect, and diet and regimen rarely pursued long enough to be of much if any benefit. Such cases are promptly relieved and usually cured by the use, for a short time, of the Prussiate of Potassium.

Another class of troublesome cases promptly relieved by it are females reduced by lactation, and often presenting many of the above symptoms.

Headaches, that most distressing of ailments, especially in our females, particularly those of a nervous character, are promptly relieved by this salt, and those not depending on organic lesion or deranged function of the liver or uterus are speedily cured.

Cases of pure neuralgia not depending on decayed teeth or other organic lesions, are usually promptly relieved, and quickly cured by its use; that variety called sun pain has been immediately cured in every case. I have had no case of neuralgia which has given me any real trouble since I have used this preparation.

As a stomachic and promoter of digestion, in those forms of dyspepsia known as nervous, and in which the commen tonics are not borne, or aggravate the symptoms, it will seldom disappoint your wishes, and in fact in all the various derangements which are denominated nervousness, it may be prescribed with great confidence.

That troublesome and most distressing of all diseases, not

dangerous, asthma, has been promptly relieved in every case in which I have used it, and most of them permanently.

I have used it with advantage in those cases of weakness which give rise to leucorrhœa, especially when accompanied with dragging pains, though I never have relied on it wholly for a cure.

Dr. Newcomer recommends it highly in epilepsy, but I have had no occasion to try it since I commenced its use, though from what I have seen of its effects, I should prescribe it with as much confidence as either Bromide of Potassium or the Hydrocyanate of Iron, recommended so highly by the Tildens and others a few years ago.

It is also recommended in whooping cough, but I have never used it, having always succeeded well in that disease with Belladonna and Chelidonium, though I should think from its properties it might be valuable.

Dr. Smart recommends it highly in chronic bronchitis, also as an astringent in the colliquative sweats of chronic bronchitis and phthisis, and as a sedative and diaphoretic in cases of great vascular action and heat of the skin, but we have so many valuable medicines for those affections that I have never used it for those indications, simply, as I am not in favor of changing old remedies for new till the old fail me, or I find one that promises better.

I might give many cases where I have used it with marked advantage, and to illustrate what I have said, but I have already said enough to show you with what esteem I hold the remedy, and perhaps enough to lead you to think I am enthusiastic; but I hope it will induce you to try it, and should it be of as much advantage to you as it has been to me, you will be well paid for the trial.

I usually prescribe the medicine as follows :—℞ Prus. Potassa, ℥iv.; Simple Syrup, Aqua. Pur., aa, ℥ij.; Ess. Gaultheria, ℥ss. M. Dose one teaspoonful once in three hours.

The above dose may be varied from once in three hours to once a day according to circumstances. I usually give it three times a day. Any other syrup may be used for a change, or it may be prepared in pure water and ginger, or any other flavor may be used to suit the taste; but, being insoluable in alcohol, it cannot be used with tinctures to any extent, as they precipitate it from its solution. I have also given it in powder alone, or combined with hydrastine, soda, etc., but prefer it in solution. I have never seen any unpleasant effects from its use, nor met with a patient that could not bear it well, even when they could not most other medicines.

If I were to attempt to classify Prussiate of Potassium, I should call it sedative, anodyne, antispasmodic, alterative and tonic.

In attempting to give its modus operandi, the subject is more

difficult, but as we have seen it is composed of hydrocyanic acid, potassium and iron, and as we know prussic acid is sedative, anodyne and antispasmodic, and potassium alterative and iron tonic; it seems that we have in this chemical compound properties very similar to what we should have if we made a mixture of the same articles, with the exception, that the poisonous properties of the prussic acid seem to be so modified by the chemical combination as to destroy its peculiarly poisonous effects.—*Pro. Mass. Ec. Med. Soc*

NOTE.—Since the above was written, I have used it in two cases of whooping cough, and two or three of bronchitis, one a very severe case, caused by dust in the rope-walk, and in each case the effect has been very marked and beneficial.

Results of Transfusion. By Professor LANDOIS.

Professor Landois, of the University of Greifswald, who had interested himself much in the subject of transfusion, after giving a critical account of the most recent publications on the subject, thus sums up, in a recent number of the *Wien. Med. Woch.*, the results that have hitherto been obtained :—

1. Transfusion has been performed ninety-nine times in cases of hemorrhage, in eleven of which cases no successful result was even possible. Of the remaining eighty-eight cases, sixty-five were attended with success, twenty were unsuccessful, and in three the result was doubtful.

2. It has been performed twelve times in cases of acute poisoning, one of these being hopeless. In three the results were favorable, and in eight unfavorable.

3. For various forms of disease attended with exhaustion, it has been resorted to forty-three times, the most unfavorable prognosis having been frequently delivered. In these the results were favorable in twelve, unfavorable in twenty-one, and doubtful in nine, while in one case it was a mere desperate experiment.

Professor Landois observes that these statistics speak very satisfactorily for transfusion, and that the results would be far more favorable if this almost harmless operation were not usually driven off to the last minute.

Note on the Cure of Acute Orchitis in Twenty-Four hours, BY FURNEAUX JORDAN, F. R. C. S.

The following case is related by Mr. Jordan : A man, æt. thirty, had intense pain, intolerable tendernes, and great swelling and induration, in both testicles, and could not stand upright. The scrotum was covered with a solution of nitrate of silver (two drachms to an ounce) ; a stripe of vesication was established over the upper halves of both femoral arteries by means of linimentum iodi ; and the testicles supported with cotton-wool. He was well in twenty-four hours.

Report on the Treatment of Delirium Tremens in the Hospitals of Great Britain.

It is interesting to note in the following report, which gives a fair idea of the state of opinion in the profession on the subject, the great change which has taken place within the last few years in the treatment of delirium tremens. Instead of the heroic doses of opium, which were almost as a matter of course given in cases of this disease, opium is now used only by some physicians, and by them in comparatively small doses; the excessive treatment by alcohol has given way to more moderate measures, and now it is given up altogether, or stimulants are administered in much smaller quantities, while judicious nursing, except on rare occasions, has taken the place of the strait jacket. It is satisfactory to find that all are agreed as to the great importance of abundant nourishment of the best kind, and perfect rest.

Charing Cross Hospital.—Dr. Salter's treatment is sedative, pushed to extremity, aided by stimulants, and, above all things, feeding. The results which he has obtained have been uniformly such as, in his opinion, leave nothing to be desired.

Middlesex Hospital.—Dr. Goodfellow is not inclined, during the early part of the disease, to interfere greatly. His treatment is mainly expectant and dietetic, abundance of nourishing food being allowed. Should the urgent symptoms, however, continue, subcutaneous injections of morphia, from a fourth of a grain upwards, according to circumstances, are given; and stimulants, spirits, or beer, as the case may be. The following mixture Dr. Goodfellow has found frequently of great service:—℞ Quinæ disulphatis, grs. ij.; Chloroformi, *m* xx.; Tincturæ Cardamomi Comp., ʒj. To be taken in water every four or six hours. If there be much febrile disturbance, a grain of opium with a grain of calomel is prescribed.

Dr. Murchison advocates no special rule, his mode of treatment depending upon the individual character of the case. Generally speaking, however, he employs opium if there be no real affection, but if this be present, he believes tincture of digitalis, in twenty or thirty minim doses, offers considerable advantages. He thinks stimulants, in some cases, useful, but by no means employs them in all cases. Nourishing food and quiet are invariably necessary.

St. Bartholomew's Hospital.—Dr. Farre always takes care to get the bowels open at first. He then gives opium; or, if the pupils have any disposition to contract, opium and antimony several times a day. If sleep be not induced by this means, he uses cold affusion to the head. Wine or beer is allowed, if the pulse be low, or the skin perspiring. He has given half-ounce doses of digitalis in several cases without injury, but without marked benefit.

St. Thomas's Hospital.—Dr. Peacock has been lately em-

ploying bromide of ammonium in delirium tremens with very good results.

Obstinate Cases of Acute and Chronic Gonorrhœa, successfully treated by Injections of Glycerine of Tannin, By J. D. Hill.

The treatment which Mr. Hill says he has extensively employed in hospital and private practice was, he believes, first introduced by Dr. Ringer, of University College, who has kindly favored him with the following remarks: "For some time past I have been making observations with an injection of glycerine of tannin in chronic gonorrhœa and gleets, and have found it of great use, especially in gleets, which I believe may be removed more quickly with this injection than perhaps any other. In the acute stage of the disease a little care is necessary, or great pain is caused. This may be prevented by diluting the glycerine of tannin with equal parts of mucilage. Another point to attend to is that the injection should not be injected too far, or it causes a great and frequent desire to make water."

On Muriate of Ammonia as a Remedy for some Nervous affections.

"Muriate of Ammonia is one of those commonplace and unattractive substances which we, in this country, are little apt to credit with extensive remedial properties in disease." We quote the first sentence of an eminently suggestive paper by Dr. Anstie (The Practioner, December, 1868), which treats principally of the employment of this remedy for the relief of (1) various kinds of pain, and (2) of certain cases of suspended secretion dependent on nervous exhaustion. Before very briefly describing some of the applications mentioned, we think it right to state that we are by no means prepared to coincide in Dr. Anstie's therapeutics, in so far as this is founded on physiological data. Under the first class the disease termed *myalgia* is said to be specially amenable to treatment by muriate of ammonia. Doses of from ten to twenty grains are recommended, and by their use this disease may be cured as certainly as ague by quinia. This class also includes various neuralgias proper, such as *migraine* (usually referred to disorders of digestion) and *clavus hystericus*; both of which Dr. Anstie believes to be distinct and primary neuralgias of the fifth cranial nerve. Of all the internal remedies that can be employed in these headaches, none is apparently so beneficial as the muriate of ammonia, its virtue depending on its mildly stimulant properties. It should be given in the same doses as for myalgia. In *intercostal* neuralgia, and especially in that form met with in suckling women or in phthisical patients, this remedy is also of great value, frequently "pain

being relieved in half an hour." It may also be used with advantage in the milder varieties of *sciatica*, which occur in young and debilitated persons; and in that somewhat obscure form of neuralgia termed *hepatic*. Among the therapeutic applications to relieve suspended secretion, Dr. Anstie expresses his conviction that muriate of ammonia "is the most powerful of all functional restoratives" of suspended bile secretion. He especially recommends it in those cases where the disease is produced be severe and exhausting mental excitement; and mentions that he has seen several instances in which two or three doses of twenty grains have caused a marked recommencement of biliary secretion. All these, and various other therapeutical indications, are founded on the supposition that this remedy is a "pure tonic stimulant" to sensitive and to vaso-motor nerves.—*Edin. Med. Journal.*

Perchloride of Iron in Post-partum Hemorrhage.

Mr. Norris's experience of this drug has led him to the following conclusions:—

1. We possess no topical styptic in efficacy at all approach the perchloride of iron; its effects being certain, perfect, and instantaneous.

2. In *Post-partum* hemorrhages, a solution of this salt applied in the form of an intra-uterine injection, is of the utmost value both in immediately arresting the flow of blood, and in also causing a permanent contraction of the recently emptied uterus.

3. Its presence in the cavity of the uterus, *post-partum*, is not merely not injurious, but, on the contrary, from its well-known antiseptic properties, may frequently be productive of positive benefit in more ways than one.

Lactic Acid in Croup.

Dr. W. Neftel, on the authority of Dr. Adolph Weber, of Darmstadt, proposes (*N. Y. Medical Gazette*) as a substitute for tracheotomy in croup, the application, by means of an inhaling apparatus, of Lactic Acid—fifteen to twenty drops to half an ounce of water—every half hour, increasing the interval and lessening the dose as the dyspnea decreases. The idea is based on the well known property of Lactic Acid to dissolve fibrinous exudations. Dr. Weber used the acid in the most desperate cases with eminent success, the dyspnea completely disappearing in from seven to ten hours. Great care must be taken to protect the eyes and face from the vapor, which has a strong caustic action. No solid croupal membrane is expelled, but there is a copious expectoration of mucous sputa, attended with mucous rales and other symptoms of a simple catarrh of the larynx and bronchial tubes, which all vanish in the course

of two or three days without leaving any trace behind. In addition, Dr. Weber prescribes fifteen grains of Carbonate of Soda in half an ounce of water every half hour or hour, until the dyspnea disappears.

Remarkable Cure of Cancer.

Some twelve or thirteen years ago, a Mr. Mason, of Milwaukee, had a cancer, or what was supposed to be a cancer, which was cured, or supposed to be cured, by a certain nostrum. The cure was published to the world and went the rounds of the newspapers. The story had scarcely started on its course when Mr. Mason came to the end of his earthly career, through the effects of the cancer that had been cured. But the publication continued to travel round and round in the newspapers. Then, for a few years, it vanished and was no more heard of. And now, when poor Mr. Mason's body has been long "mouldering in the grave," and when the newspaper which started the wonderful history of the cure has also been defunct for nine or ten years, the story takes a fresh start, credited to the dead paper, and no doubt will find hundreds of believers. But let it circulate. It is quite as truthful and quite as valuable as other certificates which attest the cures performed by nostrums and by charlatans.

Change of Chemical Nomenclature.

Instead of sulphate of copper we shall now say copper sulphate, or cupric sulphate; instead of sulphate of iron, ferrous sulphate; instead of per-sulphate of iron, ferric sulphate. Bicarbonate of soda is monosodic carbonate, or hydrogen and sodium carbonate, or hydrosodic carbonate, or acid sodium carbonate. Sesqui-carbonate of soda is dihydro-tetrasodic carbonate. See *Fownes' Chemistry*, the latest authority. In another decade or so, we shall have another revolution in nomenclature. And why not? Do not the fashions of ladies' bonnets change?

Carbuncle Successfully Treated with Pressure by means of Adhesive Strips.

Miss. P., aged 32 years, had suffered for some time from boils, in consequence of which her strength had become much reduced. I was asked to see her on account of a carbuncle seated on the anterior part of the thigh, over the upper portion of the rectus femoris muscle. The carbuncle measured at least three inches in each diameter. I directed nutritious diet with ale and iron in the form of the muriated tincture, and at my third visit proposed to make the crucial incisions usually recommended in such cases. I requested Dr. Mustin to admin-

ister ether preparatory to the operation, but at the last moment, on his suggestion, concluded to try pressure with adhesive strips, which he had seen used with success in the wards of the Episcopal Hospital, by Dr. John Ashhurst, jr. The patient was delighted at the prospect of escaping the knife, and in two days after the application of adhesive strips, concentrically from the border inwards, the slough came away, and the ulcer which remained healed rapidly under simple dressing; the patient being entirely well in one week from the application of the first strip.—*Amer. Jour. Med. Science.*

EDITORIAL.

All letters should be directed to John M. Scudder, Box 146. *When considerable amounts of money are sent procure a Post Office Order, if the office is an order office. Notify us at once if there is any failure in the Journal, or filling orders for books.*

The Treatment of Chronic Disease.—I have letters daily, asking advice in the treatment of chronic disease, that need not have been written had the physician had clearly in his mind the *first principles* upon which such treatment should be based.

The majority of chronic diseases are based upon faulty nutrition. It matters little whether they are structural or functional, this holds good. An imperfect structure reasonably gives imperfect function; and just as certainly, continued imperfection in function, will lead to structural change. I believe I may claim, therefore, truly, that in *all* chronic disease, an essential element of a curative treatment will be those means that improve nutrition of a whole or of a part. In many cases it will be all that is necessary, and a cure will follow their use. In others it will be but a *part*, and will require to be associated with *special* remedies, that influence the organ or part affected. There are *two elements* in this restoration of tissue: the first is, that the old structures be removed through the natural channels of waste; and the second is, that they be renewed from good blood, and in normal form. This process of *waste* and *renewal* is under our control, and its proper direction is the important part of a successful treatment. Waste is increased by stimulating secretion by way of the skin, kidneys and bowels; and in some cases this will be sufficient. In others, it will require remedies that favor retrograde metamorphosis, as the Acetate of Potash, Iodide of Potassium and Ammonium, and some vegetable alteratives.

Many fail in their treatment by using but one class of means—those of waste. And the vitality of the patient is exhausted before they are aware of the danger.

The second part—treatment to improve nutrition—is fully as important as the first. It is essential that the two progress together. That as we break down the old tissues, and cause their removal, we have good digestion and blood making, and good nutrition of tissue. This we get by the use of the bitter tonics, restoratives, and a properly selected food. If we ask the question, "How would you treat scrofula?" we get the answer, "By the use of vegetable alteratives;" "How would you treat secondary syphilis?"—"By the use of vegetable alteratives and Iodide of Potassium."

As we have seen, this is only one part of a rational treatment, and a very indefinite way of expressing that. The term alterative is not a good one, and obscures the subject under consideration. The old idea of "an alterative agent which changes, in some *insensible* and *inexplicable* way, certain morbid actions and conditions," is very crude, and should be replaced by a definite knowledge of the action of these remedies. This class of remedies increase waste, and stimulate, the excretory organs to increased activity. In so far as they do this without interfering with the essential functions of the body, they are valuable in accomplishing the first object of treatment. But the second element in the treatment is just as essential—good nutrition of tissue. It includes those means which increase the appetite and improve stomachic digestion; those that improve intestinal digestion; those that improve blood making, and its circulation; and lastly, those that improve the nutrition of tissue.

Associate these two parts of the treatment, so that while we are removing old and worn out tissue, we are replacing it with new and good material, and we have an admirable treatment for many chronic diseases. The reader is referred to my "Principles of Medicine," for a full consideration of these facts.

The *third* part of the treatment of chronic disease consists in the use of certain *direct* or *specific* remedies, which directly influence functions, or the nutrition of special organs or parts. This knowledge is possessed in different degrees by different persons. In some it seems almost intuitive, and gives marked success in practice. In others, it is the result of long experience. To gain it, the reader will do well to make it a specialty in his reading, noting down every remedy that is recommended for a special purpose, and testing it as occasion offers.

And the Young Man Died? Did the Doctors Kill Him?—In describing the common practice of ten and twenty years since, and much of the practice now, I have been accused of distorting facts, and letting my prejudices influence my judgment. I am well satisfied that, on the contrary, the truth has never been half told; that this practice would give *chapters of horrors* with which the history of the Inquisition would be tame. But let us hear some of our most advanced physicians of the *regular* school tell the story! In the October number of the *Western Journal of Medicine*, in a review of the proceedings of the Indiana State Medical Society, we find the following report of a case, with running comments:

"We are here presented with a 'case' of a young man, a farmer, who had 'never had much sickness,' well developed and muscular. Nothing wrong in general health could be detected. There had been for several days some tumefaction of the integuments of the neck. Appetite good, bowels regular, nervous system unimpaired, etc., etc., etc. He was put upon a course of 'alteratives,' to-wit: Calomel and Dover's powder; three doses each day. Five days of this treatment did not impair the general functions of the body to a noticeable degree, but there was no improvement of the local condition, and so the medicine was renewed, and the size of the dose so increased as to exhibit the violence of the drug upon the bowels. For a time, not stated how long, there was apparent improvement in the local condition; but at the end of a week all of the phenomena became suddenly aggravated—the effusion over the surface becoming general. The Doctor endeavored faithfully to 'ascertain, if possible, the real seat and nature of the complaint, *as a foundation for a rational plan of treatment;* but was ever disappointed.' None of the recognized causes of effusion were to be found 'in the present or past history of the patient.' '*Therefore,*' the doctor gave *more Calomel*, adding Quinine. Five days more of this treatment, and 'the circulation became involved,' which, up to this time, had been normal.

"Dr. Sexton was now called in. The symptoms were now, in addition to the general effusion, 'fever—pulse one hundred, full and not resisting; *tongue red, inclining to dryness*; secretions of mouth adhesive; thirst and general suffering; urine scanty and high colored; bowels rather torpid, and the skin harsh and dry.' *Three weeks of Calomel* not having accomplished satisfactory results, it was determined to continue the drug, with sufficient Antimony Tart. *to effect moderate but constant nausea!*' The antimony did not nauseate, but produced catharsis, which seemed to drain the body for a time, and febrile symptoms subsiding, the doctors were flattered with hope. A week longer, however, found the patient not only not cured, but growing worse; and it was determined 'to give Cream of

Tartar a fair trial;' but the Doctor dared not risk it without continuing his favorite Calomel. Dr. Sexton came again and 'cordially approved' of the plan—with the addition of friction applied to the lower extremities, with salt, vinegar, and mustard! From one to two ounces of the Cream of Tartar were given daily, and also drink of cider holding in solution horseradish, juniper berries, etc., was allowed. Morphine was administered at night to allay the pain produced by the other drugs taken during the day! Ten days of this treatment (added to all that had gone before,) and *the patient chilled!* and the Doctor found him hot with fever, with pain in the right thigh, the surface tender and swollen, with a blush simulating erysipelas. This rapidly extended downward to the ankle, upward to the umbilicus, including genitals, and right abdominal regions. The Doctor now concluded that an abscess would form in the thigh, 'and that its completion would be salutary.'

"Dr. Helm saw the case, and expressed an opinion 'that the present imperfectly formed erysipelatous action would, in all probability, result in a collection of semi-organized pus, and such an occurrence would be highly beneficial, working a crisis in the case; that it was one of nature's efforts to form a crisis, to get rid of the large amount of morbid material effused into the cellular tissue.' The Doctors agreed in the opinion, '*and were anxious that nature would accomplish it.*' But nature, alas, like Mrs. Dombey, was too far spent to make 'the effort,' and the Doctors were left in their dilemma, with no alternative but more Calomel, with the addition of Squills. The inflammatory phenomena began to recede and disappeared; but there followed, or 'arose a very curious state of the skin, corresponding to the seat of inflammation.' We omit the Doctor's description, but can not omit his conclusion, that it was 'a varicose state of the capillaries of the integuments.' 'The kidneys *now* failed to do their duty.' 'It became evident that effusion was taking place in the abdomen.' '*The function of digestion* exhibited signs of interruption.' 'Flatulency, griping pains,' etc., etc., etc. 'Having *satisfactorily* persisted in the last course of treatment, and thoroughly convinced it was effecting no good,'—the Doctor wisely concluded that 'Some *other* agencies must be sought for and applied.' '*Calomel and Squills were suggested, and the patient put upon their use.*'

"At this juncture Dr. Arnold was called in, 'and after careful consideration of the history of the young man, suggested the use of the Inf. Digitalis.' The patient then took, for two weeks, without intermission, Calomel, Squills and Digitalis. Then, unfortunately, a malignant attack of 'diphtheria' complicated the case. The treatment was now changed to meet the new invader, consisting of 'Muriated Tincture of Iron and Quinine, with free exhibition of Chlorate of Potash,' con-

stitutionally—Nitrate of Silver, Per-Sulphate of Iron, Vinegar, Salt, Soot, etc., as locals—together with animal broths, wine and brandy. THE YOUNG MAN DIED!

The 'remarks' accompanying this 'case' contain nothing novel or suggestive. We forbear comment on the 'case,' beyond the suggestion, that where 'the seat of the disease is not clear'—in other words, where the doctor does not know anything about the morbid phenomena transpiring beyond their mere external and unexpected appearances, it would be prudence, if not wisdom, to adopt such a course of medication, if medicine *must be administered*, as would not of itself prove fatal, if continued, ordinarily in a shorter period than this young man survived."

The accuracy of the report, and the strictly regular character of the medication can not but impress the reader. And to the comments of the learned and liberal editor I do not wish to add, as I have never made any stronger statements than the inferences to be drawn from his review. It is well for us, however, to examine our own practice and see if we are guiltless of this harsh, life-destroying medication. Are there cases, commencing with a simple form of disease, but which, by injudicious medication, arrives at the point named, "*The young man died?*" It does not require Mercury to arrive at this result; I have seen it follow the abuse of Podophyllin, Lobelia, and associate remedies. I have seen two cases of this kind under Eclectic and Botanic medication in the past six weeks—cases in which there was not the slightest doubt but that death was the result of the medication.

Whilst there is no necessity of running into homœopathic infinitesimals, there is a necessity for a diminution of dose, and for our entire abandonment of antiphlogistic means.

The College.—The Winter session of the Eclectic Medical Institute has commenced with a large class in attendance. There are now 84, and we have reason to believe that it will go up to 125 before December 1st.

The Spring term commences February 13th. Let us have a large class of good men, for they are wanted to fill vacancies of retiring physicians, whilst hundreds of new places must wait until Eclectic students become more abundant.

The Journal for 1870.—We are receiving more new subscriptions for the *Journal* than ever before at this season. The Editor flatters himself that it is because it has increased value, as this is usually the cause of success. But we have room for some hundreds more, and will feel obliged by every effort of our friends to increase our circulation. For such interest we will promise that the *Journal* of 1870 shall not be less valuable than in the past.

The New Eclectic.—We have sent out specimen sheets, showing the size of page, type, and paper, that we have proposed for the new publication. The subscription lists are in the hands of Eclectics, and if they think such a periodical will advance their interest and the general interest of the cause—we will receive sufficient subscriptions to guarantee its successful publication. If not, then it will not put in an appearance.

Of course an undertaking involving so large an outlay requires a large circulation. An estimate of 5000 just covers its expenses. If we get this subscription we can make it as good as any monthly in the country, both in editorial talent and illustrations. With the first start assured, we will trust to merit to put it in the hands of all Eclectic patrons.

A Present.—In the December *Journal* I propose to present each subscriber with our new book of Labels of Specific Medicines. There will be some seventy of these; giving their specific uses, dose, and method of administration. The physician can put these on his bottles, or use it as a memoranda for this use of medicines.

I send it at this time to accomodate many who do not like to wait the slow publication of our articles on Specific Medication. These articles we will continue until we have completed the review of the Materia Medica.

BOOK-NOTICES.

The Science and Art of Surgery. Being a treatise on Surgical Injuries and Operations. By JOHN ERIC ERICHSEN, senior Surgeon to University College Hospital, and Holme Professor of Clinical Surgery in University College, London. From the fifth enlarged and carefully revised London edition. Illustrated with six hundred and thirty engravings on wood. With additions by JOHN ASHHURST, JR., A. M., M. D. Henry C. Lea, publisher, Philadelphia, 1869.

A treatise on general surgery, which is sufficiently comprehensive for the ordinary practitioner, who, out of the great cities, has to deal with all kinds of surgical cases, from a broken skull to an ingrowing toe-nail, is just what will always be needed. Our works on surgery are unfortunately too small or too large for the great body of American practitioners. This last edition of Erichsen, with notes by an accomplished American Editor, comes nearer filling the requirements of students and physicians in active practice, than any surgical work of the times. It contains over 1200 pages of compact matter, and possesses the convenience of being all in one easily handled volume. The illustrations are plentiful; and many of them wear new features.

The work is carefully prepared in every department, with due consideration given to the importance of each topic discussed. The minor subject is not passed over as unworthy of notice, nor does it occupy unnecessary space at the expense of a just appreciation of more responsible departments. Theories and speculations are almost entirely ignored — everything giving way to the practical application of established principles in surgery.

The author, in every division of his work, shows that he is practically familiar with all the details of his art; and his teachings show that he aims to be safe rather than brilliant. The work exhibits evidence of a marked degree of "conservatism" in the writer, though it is not behind its cotemporaries in scarcely an instance.

The medication, what little has been introduced, is decidedly allopathic, though it is infinitely in advance of that advocated twenty years ago. The book has some other serious faults, but it has also so many good points, that we are not disposed to pick flaws and magnify defects.

A Manual of Elementary Chemistry, By George Fowne, F. R. S. (Tenth edition, revised and enlarged). Philadelphia, Henry C. Lea; Cincinnati, George H. Blanchard & Co.

Fowne's Chemistry has always been a favorite with the medical teacher and student, being both an excellent text-book and work of reference. This edition has been carefully revised, and the recent investigations embodied in it. Hence, it would be especially valuable, but for one thing—the adoption of *atomic weights* and notation in accordance with them.

This is undoubtedly the method of the future, and to those who wish to study it, no better work can be purchased. But the many who are endeavoring to learn the elements of chemistry, will find it a drawback. Whenever it is used in a class, it must be to the exclusion of all works based upon the old system.

A Course of Practical Chemistry for the use of Medical Students, By William Odling, M. B., F. R. S. Philadelphia. Henry C. Lea; Cincinnati, Robert Clarke & Co.

This work deserves an unequivocal recommendation to the medical student and physician, as it embodies those facts of most interest to them. In the introduction it gives a brief account of *chemical reactions* and *chemical manipulations*. It then presents the most important facts and processes of *analytical chemistry*, *toxicological chemistry*, and *animal chemistry*.

Brevity is a virtue in science, if associated with accuracy and clearness of description. For these this little volume is to be commended.

The Physician's Visiting List for 1870. Philadelphia, Lindsay & Blakiston; Cincinnati, Robert Clarke & Co. Price, 25 patients $1.25, 50 patients $1.50.

These pocket memoranda of business have come into such general use, that they need but the notice of their issue. Those who have made them a pocket companion in the practice of 1869, will hardly dispense with them for 1870.

A Tract on the "Eclectic System of Medicine," By Paul W. Allen, M. D., Professor of the Theory and Practice of Medicine, it the Eclectic Medical College of New York.

Differences of latitude and people make considerable difference in methods of thought, and that which would prove an appropriate mental pabulum for Eclectics East, might not suit those of the West.

To illustrate, I quote a paragraph from the tract:—

"*What are the Principles of Eclecticism?*—Eclectisism is the inductive system of reasoning applied to medicine. It has its basis in physiology and hygiene. It studies carefully the functions of the human system, and it believes that most diseases are essentially the departures from healthy functional action. It uses such agents as restore the healthy action of the alimentary canal, liver, kidneys, and skin, and as equalize the circulation. It does other things besides these, but these things it seeks to do in almost every instance, as the primary and essential duty of the physician. It enjoins upon the patient to live in accordance with the laws of hygiene, and instructs him how to do this. It seeks to use as few remedies as possible which interfere with healthy functional action. It avoids violent and irritating cathartics, which produce disease of the stomach and bowels, and greatly reduce the strength and prostrate the system; and, in their stead, it uses unirritating, but sometimes active, cathartics, which cleanse the alimentary system and correct its secretions. The Eclectic code does not *proscribe a physician for using calomel*, for it declares the largest liberty of individual opinion, "without constraint, let or hindrance;" but we have discovered far better remedies to act on the liver than calomel or blue mass; and they are so superior that probably not one Eclectic in a hundred ever directs his patient to swallow any mercurials. They are generally disapproved of, as liable to create inflammation of the stomach and intestines; as uncertain in their action on the liver; and as most poisonous remedies, which tend to depress the vital powers, poison the fluids of the system, and subject the patient to future disease."

VARIETIES.

Rheumatic Pains.—The more I have prescribed Aconite and Macrotys for these aches, the more I like them, as being certain and speedy in their action. At this season the following is one of my most common prescriptions:—Tincture of Aconite (root), gtts. xv.; Tincture of Macrotys, ʒj.; Water, ʒiv.; a teaspoonful every two hours.

For Colds.—The common prescription for a bad cold, in our office, is—℞ Tincture of Veratrum ʒss.; Tincture of Gelseminum, ʒj.; Water, ʒiv.; a teaspoonful every one or two hours.

Neuralgia.—For persistent neuralgia in feeble persons, or when there is a feeble circulation, I use the following in alternation—℞ Tincture of Aconite (root), gtts. x.; Tincture of Belladonna, gtts. xx.; Water, ʒiv. ℞ Tincture of Nux Vomica, ʒj.; Water, ʒiv.: a teaspoonful every one or two hours.

Spasmodic Coughs of Children.—Recollect that we have an admirable remedy for them in an infusion of clover hay, sweetened to the taste. It is pleasant, harmless, and is only objectionable because it is cheap.

Infantile Colds.—Some of the most difficult cases we have to treat, arise from cold in young children. An asthenic bronchitis is developed, with harassing cough and difficult respiration, and not unfrequently the child's life is endangered.

The medication in this case is simple, and very positive. Apply to the chest a cotton cloth spread with lard, and sprinkled with our emetic powder. Give the following:—℞ Tincture of Lobelia, ʒj.; Compound Tincture of Lavender, ʒiij.; Simple Syrup, ʒiss.; a half teaspoonful every twenty or thirty minutes at first, then every one or two hours.

Prophylaxis for Croup.—Where there is a tendency to croup in a family, leave with them the Stillingia Liniment, (℞ Oil of Stillingia, Oil of Cajeput, aa, ʒij.; Oil of Lobelia, ʒj.; Alcohol 76°, ʒij). Direct the mother to rub it on the throat when symptoms are manifested; and if necessary, give a drop on a lump of sugar.

Liquor Ammonia Fortis for Snake-Bites.—Doses: For an adult, 35 drops in 4½ tolas of water (a wineglassful); 12 to 15 years old, 20 to 25 drops in 2½ ditto; 8 to 12 years old, 15 to 20 drops in 2 ditto; 4 to 8 years old, 10 to 15 drops in 1½ ditto; infants to four years old, 3 to 10 drops in 1½ ditto.

Earache.—Earache and imflammation of the ear is common at this season. It is best treated by the use of—℞ Tincture of Aconite, Tincture of Opium, Glycerine, aa, dropped in the ear and applied around it. When the inflammation of the external anditory meatus is severe and rapid, painting the part with the Tincture of Veratrum, or the preparation of Iodine, named below, answers a good purpose.

Disease of Lachrymal Sac.—Occasionally we see one, subject to inflammation of the nasal duct and lachrymal sac, whenever he takes a severe cold. As a result, the sac enlarges, becomes painful, there is stillicidium, and sometimes suppuration and formation of fistula. If the following is applied with a camel's-hair brush, over the sac, and down the side of the nose, every three or four hours, it will give relief:—℞ Tincture of Iodine, Aqua Ammonia, aa.

Glycerine in Medicine.—Much of the high priced (inodorous) glycerine, has an acridity that renders it injurious as a local application. This is probably dependant upon the presence of a peculiar principle, *acroline*, developed during distillation. I have always used, and prefer Gordon's No. 1 Perfumers' Glycerine, which is perfectly bland, though not entirely free from odor. This is sold for $2.50 per gallon, bringing it within the means of every one.

Chapped Surfaces.—For chapped hands or lips, or irritation of the surface anywhere, glycerine will be found an excellent remedy. A glycerole of starch is preferable in many cases, and may be prepared as follows:—Put a pound of Glycerine in a tin vessel on the fire and heat. Now rub an ounce of starch to a fine powder in a mortar; then add a small portion of glycerine, rubbing it well, then two to four ounces, and when this is thoroughly rubbed up with the starch, empty the mortar into the glycerine on the stove and thoroughly mix. Bring it to the boiling point, and remove to an earthenware pot.

Balanitis.—Speaking of glycerine brings to mind this troublesome affection in some persons, which is readily cured by the free use of Colgate's Glycerine Soap.

A New Styptic Collodion.—M. Carlo Paresi gives, in the Gazette de Turin, the following:—℞ Collodion 100 parts, Carbolic Acid 10 parts, Tannin 5 parts, Benzoic Acid 3 parts.

Agitate until a perfect solution is formed. It is of a brownish color, gives a pellicle similar to ordinary collodion, and instantly coagulates blood.—*Indiana Med. Gazette.*

Preservation of Dead Bodies.—At the meeting of the Imperial Academy of Medicine (June 8th), M. Devergie stated that, at the School of Practical Anatomy, bodies injected with a mixture of three parts of glycerine and one of carbolic acid had been preserved for several months without giving off any unpleasant odor.

Antidote to Carbolic Acid.—Messrs. Calvert wish to make known the fact that sweet oil or castor oil in large quantity is the best antidote to carbolic acid, when it has been swallowed in poisonous doses.—*Med. Times and Gazette.*

Narcotic Snuff in Headache and Facial Neuralgia.—Dr Raimbert, who has already obtained a certain amount of success with morphia used in this way, now recommends it further in conditions of nervous excitability, which commence with sleeplessness, and are followed by severe headache. One and a quarter grains of morphia is mixed with about sixteen grains of gum-arabic powder; or, for children, about half the quantity of morphia. Of this powder from two to four pinches are to be taken, within half an hour or an hour, into each nostril. This is to be repeated two or three times daily.—*The Practitioner.*

"*Sweet Quinine.*" *What is it?*—The editor of the American Journal of Pharmacy has satisfied himself by a series of experiments (see American Journal of Pharmacy, July, 1869) that the so-called sweet quinine is not quinine at all, but mainly the alkaloid *cinchonia* precipitated from the sulphate, dried and triturated with an impure glycyrrhizin prepared from liquorice root. Cinchonia is very insoluable, requiring nearly 4000 parts of cold water. Hence the tastelessness of "sweet quinine," and its bitterness with acid or alcoholic fluids which salify and dissolve it. From his various experiments he concludes that "sweet quinine" consists of about three parts of cinchonia and one of impure glycyrrhizin. Quite possibly there may be some cinchonidin also present, in small quantity, but no examination has been made for it.

Ether vs. *Chloroform.*—Dr. Simmons, at a late meeting of the Sacramento Society for Medical Improvement, called the attention of the members to a fact occurring in his practice in connection with the use of different anæsthetics for the reduction of hernia. During the past season he had been called to three cases of strangulated hernia, in each of which taxis and other means had been tried by himself and others in consultation while the patients were fully under the influence of chloroform, but without success. In each case the symptoms demanded an operation, and the patients were laid on the

table for this purpose. Ether was selected as the safer agent for long-continued anæsthesia, and after its full effect was exhibited slight taxis reduced the tumor. It was a question whether this was a singular coincidence, or whether the relaxation of the system was not greater from the anæsthesia of ether over chloroform.—*Pacific Med. and Surg. Jour.*

Gastralgia.—There is no such remedy for gastralgia as strychnia, subcutaneously injected in doses of 1-20 to 1-60 grain. Dr. F. E. ANSTIE.

☞ *For Sale.*—A number one skeleton. The bones are perfectly clean, white and solid. Price $15.00. Address J. P. Marvin, M. D., 228 Court St, Cincinnati, Ohio.

Married.—On October 10, at the residence of the brides brother, by Rev. Mr. McCarty, Mr. Z. T. Housman, to Miss Nettie A. McCarty, both of this city.

Died.—On Wednesday, September 22d, of Gastritis, Dr. S. T. Clark, of Russellville, Ind.

Dr. Clark was probably the oldest, as he was one of the best, Eclectic practitioners in the state. He was a member of the Indiana State Eclectic Medical Society. A pioneer in Eclecticism, faithful and earnest to the last.

Remedy for Carious Teeth.—Nitric ether and sulphate of alumina are mixed so as to form a paste, which is applied to the cavity. It never occasions any inconvenience, the most violent tooth-ache is promptly relieved, and, after several applications, the affected tooth becomes insensible.—*Jour. de Chim. Med.*

RECEIPTS FOR THE JOURNAL TO OCT. 26.

A B Simmons 1, H P Thompson 5 39, J J Byers 2, P Wilburn 1, J Brooks 1, G A Martin 2, J Y Simpson 2, C B Dean 2, P Chaner 2, J Saler 1, B W Culver 2, Dr Alden 2, E Warfield 2, L Ewing 2, A Standlee 2, C D Ward 1, M Nead 2, J E Grant 2, A W Porter 1, J Stengler 2, F M Winingham 2, S D Shephard 2, S Gaskin 1, A S Gregory 1, E H Munk 2, W L Pense 2, Dr Barnett 2, M F Price 2, B A Penn 2, W H Hurlbut 2, R S Cheffey 2, F D Wright 2, E C Mosteller 2, J W Kelley 2, G W Shivell 2, L H Clark 2, A D Evans 1, A H Fowler 2, J S Howe 2, S W Davis 2, S K Lake 2, E R Norcross 1, J Watters 2, J W Sage 1, F J Lord 2, R Andrews 2, J Ferris 2, D P Bruton 2, H E Zimmerman 2, C D Hendrickson 2, Barnett & Gannamy 2, F H Yost 2, J E Davis 1, H S McMaster 2, J Miller 3, J D Burns 3, J Berger 2, J W Greenstreet 2, R R Hopkins 2, L H Keys 2, D P Brown 1, A M Clarke 2, S P Collins 2, G M Summers 2, D Ray 2, H Jackson 2, T Raten 2, D Hershey 2, A H McFoll 1, Wm Cobely 2, F N Morton 2, J M Knight 2, W J Crawford 2, R S Page 1, B S Mason 2, R B Hill 2, L H Keys 1, J Bower 2, J Hand 2, E J Munson 1, Wm Hamilton 5, S C Haynes 2, J B Pilkington 2, Mrs C M Barnes 1.

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" red.	"	4 00
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" seed	"	2 25
Collinsonia	"	1 60
Cornus Florida	"	1 25
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" seed	"	2 25
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Nux Vomica	"	1 50
Podophyllum	"	1 50
Senega	"	2 50
Rhubarb	"	6 00
Sarsaparilla	"	2 00
" Comp.	"	2 80
Scutellaria	"	1 60
Senna Alex.	"	1 50
Stillingia	"	2 00
do Comp.	"	1 75
Taraxicum	"	1 50
Uva Ursi	"	1 25
Valerian	"	1 75
Veratrum Viride	"	2 00
Galium...Clavers	pkd	25
Gamboge	powd	2 25
Gentian	grd	25
Gin, Holland	gal	5 00
Gum Arabic	selected	1 00
do No. 2	"	75
Benzoin	"	1 30
Kino	"	1 50
Myrrh	"	75
Guaiac, resin	"	75
Glycerine, pure, concentrated	"	75
Hamamelis...Witch Hazel leaves	"	30
Hops, fresh	pk.	35
Hydrastis Can...Golden Seal	grd	25
Hydrastis Muriate	per oz.	3 00
Sulphate	do	3 50
Iodine...Resublimed	do	60
Inula...Elecampane	grd. per lb.	20
Iris Versicol...Blue Flag	crd	do 60
Iron, by Hydrogen	per oz.	30
Subcarbonate	per lb.	35
Soluble Citrate	per oz.	25
Ferrocyanide	do	20
Pyrophosphate	do	20
Per Sulph...Monsel's	do	20
Kalmia Lat...Laurel	pk. per lb.	30
Leptandra Virg...Black root	grd	do 30
Leptandrin	per oz.	80
Lobelia Herb	pk. per lb.	40
Seed	powd	do 1 00
Lead Acet.	do	60
Liquor Bismuth.	per lb.	1 00
Mitchella Rep...Partridge berry..pk	do	40
Myrica Cer...Bayberry	powd	do 30
Oil Capsicum	per oz.	1 00
Ergot	do	75
Erigeron	do	30
Lobelia Seeds	do	1 25
Stillingia	do	1 25
Ointment, Mayer's	per lb.	1 00
Mild Zinc	do	1 50
Basilicon	do	40
Potassium, Bromide	per oz.	25
Iodide	do	40
Potassa, Bicarb.	cryst. per lb.	50
Chlorate	do	60
Nitrate	refined do	40
Permanganate	per oz.	60
Plasters, Irritating	per lb.	40
Strengthening	do	40
Cantharides	do	1 50
Powder, Diaphoretic	do	3 00
Jalap Comp.	do	1 75
Rhubarb Comp.	do	1 75
Prunus Virg...Wild Cherry	do	20
Podophyllum...Mandrake	grd do	16
Podophyllin	per oz.	75
Rhubarb	powd. per lb.	3 50
Rubus Vil...Blackberry root	do	20
Rumex Crisp...Yellow Dock	do	30
Rochelle Salts	do	60
Sanguinaria Can...Blood root	grd do	20
Sanguinarin	per oz.	2 00
Senega...Seneka Snake root	grd. per lb.	90
Senna	do	50
Sarsaparilla Honduras	do	75
Spigelia Maryl...Pink root	do	50
Symphytum...Comfrey	do	35
Santonine	per oz.	1 40
Sulphur Sub	per lb.	15
Soda Bicarb	do	15
Sulphite	do	50
Syrup, Alterative	per gal.	4 00
Mitchella	do	4 00
Rhubarb and Pot.	do	5 00
Sarsaparilla Comp.	do	4 00
Stillingia Comp.	do	4 00
Iod. Iron	per lb.	1 00
Ipecac	do	75
Squills	do	50
do Comp.	do	75
Rhubarb Arom.	do	75
Senega	per lb.	75
Comp, Tonic	do	2 50
Spts. Lavendar Co.	do	75
Tincture Aconite leaves	do	60
Arnica	do	60
Antispasmodic	do	75
Belladonna	do	60
Bryonia, *Imported*	per oz.	40
Cimicifuga	per lb.	60
Cactus Grand	per oz.	40
Lobelia	per lb.	75
do Acet.	do	60
Chloride Iron	do	60
King's Expectorant	do	75
Opium, (full strength)	do	2 50
do Camph.	do	1 00
Pulsatilla	per oz.	40
Phosphorus	do	30
Staphysagia	do	40
Sanguinaria	per lb.	60
do Acet.	do	60
Sudorific	do	1 50
Verat. Vir., U. S. P.	do	1 00
Uva Ursi	do	25
Viburnum Op...High Cranberry.	do	40
Whiskey, Old Bourbon	per gal.	4 00
do Rye.	do	4 00
Wine, Malaga	do	2 00
Maderia	do	5 00
Port	do	5 00
Sherry	do	5 00
Bitters, Restorative	do	4 50
Zinc, Oxide	per lb.	75
Sulphate	do	25

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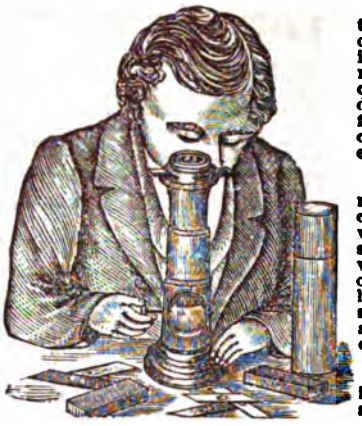

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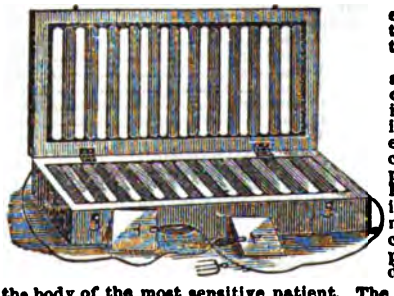

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Smilax Sarsaparilla,
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Veratrum Viride,
Xanthoxylum Frax.,
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Con. Comp. Stillingia Alterative

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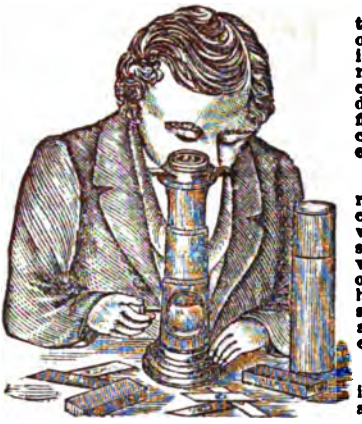

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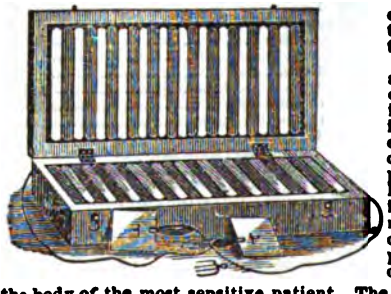

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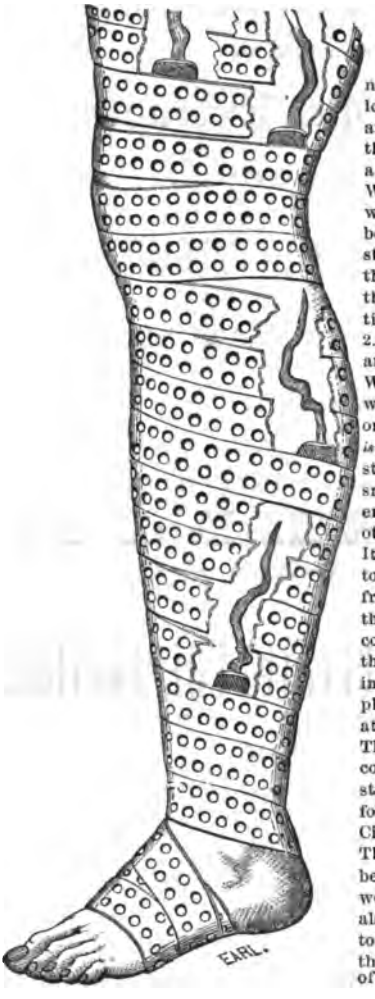

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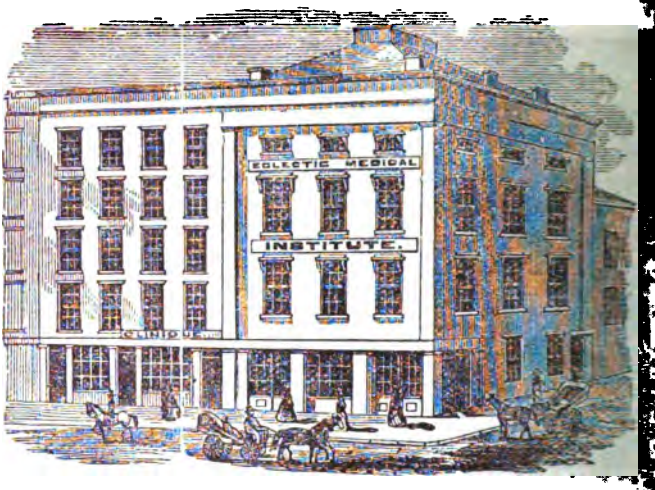

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Eclectic Medical Journal.

EDITED BY

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PROFESSOR OF THE THEORY AND PRACTICE OF MEDICINE AND PATHOLOGY IN THE ECLECTIC MEDICAL INSTITUTE.

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VOL. XXIX. DECEMBER, 1869. No. 12.

ORIGINAL COMMUNICATIONS.

ART. LXVII.—*On the Specific Action of Medicines.* By JOHN M. SCUDDER, M. D. (Fourth Paper.)

As I have had occasion to remark heretofore, one must not expect the *specific* action of a remedy or remedies, whilst he is at the same time using indirect treatment. It is not compatible with free purgation, and the associate means in common use. The general principles of treatment are, that causes of disease should be removed, and the viability of the patient increased. This is compatible with the *specific* use of remedies to remove definite pathological lesions.

It is well also to repeat that these remedies should be used singly, or in simple combinations of those acting in the same direction. Antagonistic remedies should never be given at the same time. But we are not to judge of such antagonisms by the old classification. For instance, we find that Aconite or Belladona, with Strychnia or Nux Vomica, act in the same line. We may also use the sedatives, with alcoholic stimulants or quinine.

Baptisia Tinctoria.—The Baptisia has been principally employed in infusion, and I am well satisfied that this is the best preparation for general use. Still, as it will be inconvenient in many cases, I would recommend in addition, a tincture by percolation, using ℥viij. of the ground bark to Oj of alcohol of 76°. Of an infusion of ℥j. to ℥iv. of boiling water, the dose is one teaspoonful; of the tincture as named, ℥ij. to water ℥iv., dose a teaspoonful.

With some the baptisia has been a favorite remedy for sore mouth and sore throat, using it locally, and for this purpose it is one of the most valuable remedies we have. I judge, however, that if you should ask, in what particular variety of sore

mouth or throat it was found best? you would have difficulty in getting an answer.

It is in those cases in which there is enfeebled capillary circulation, and tendency to ulceration, that it is *specific*. That is, the condition is one of atony, with tendency to molecular death and decomposition. The remedy is, therefore, stimulant and antiseptic.

It may be employed with the greatest certainty in any form of sore mouth or throat presenting the characteristics named. Especially in stomatitis ulcerata, or cancrum orris, in cynanche maligna, and in the sore throat of scarlatina maligna; but it is not only a good local application in these cases, but a most valuable internal remedy.

It is *specific* to the condition upon which such sore mouth and throat is based, whether it is manifested in this way, or in ulceration of Peyer's follicles in typhoid fever. Thus I have employed it with very marked advantage, in all cases showing putrescency, and tendency to softening and breaking down of tissue.

It is not a remedy for acute inflammation, whether erythematous or deep seated, and in ordinary stomatitis or cynanche, it is not a remedy. In diphtheria presenting acute inflammatory symptoms, it is worse than useless. But in diphtheria with swollen and enfeebled mucous membranes, dusky or lived discoloration, or blanched appearance, with tendency to ulceration and sloughing, there is no remedy more certain.

I have successfully employed the Baptisia in *typhoid* dysentery, as have others. But as will be seen, this is but the condition named above for its specific action. So long as there is an acute inflammation, with stools of blood or pure mucus, this is not beneficial, but when the discharges resemble "prune juice, the washing of meat, or are muco-purulent," with general symptoms of an analogous character, then it becomes one of our most certain remedies.

Benzoic Acid.—I prefer to use benzoic acid in solution in alcohol, ℥j. to the Oj. to the tincture of benzoin, though the latter will answer the purpose. The dose will vary from ten to sixty drops, according to the effect desired.

Its first use is in irritable bladder, with deposits of uric acid or triple phosphates; in either case its use will prove beneficial.

Its second use is in irritation of the sympathetic and spinal system of nerves, with uric acid deposits.

Its third use is as a stimulant to the brain in cases of exhaustion with phosphuria. I have used it in this case alternated with a preparation of phosphorous—either the phosphuretted oil or the tincture—with advantage. These are usually

cases of exhaustion from over exertion of the mind, as frequently met with among our business men.

Berberis Vulgaris.—Will some of our Eastern practitioners give us their experience with this agent; or if it has not been employed alone, will some one test it thoroughly. Evidently it has an influence upon the gastro-intestinal mucous membrane, and probably on associate viscera.

A tincture of the recent bark, in the proportion of ℥viij. to alcohol 76° Oj., is suggested. Dose varying from ten drops to one drachm.

Bebeerina Sulphas.—This is not the so-called bebeerin from the berberis vulgaris, but a well defined salt from the Nectandra Rodiæi. As found in commerce, it is in glittering scales of a brownish-yellow color, and when triturated forms a yellowish powder.

It exerts a specific action upon the uterus, but thus far it has been principally employed in cases of menorrhagia. In this case its influence is very marked, controlling the hemorrhage, and preventing its recurrence. As we have other remedies for the milder cases, its use might be confined to those in which there is profuse discharge at each menstrual period, and when they recur too frequently. The dose will be from two to three grains every three or four hours.

Bismuth.—We employ bismuth in two forms. The sub-nitrate in doses of from one to two grains; the liquor bismuth (solution of citrate of bismuth), in doses of from gtts. x. to ℥j.

The first use of bismuth is to allay irritation of the gastro-intestinal mucous membrane; and for this purpose it has been extensively employed. Usually the sub-nitrate in impalpable powder, is employed in small doses frequently repeated for gastric irritation, and in doses of five to ten grains for intestinal irritation, with diarrhœa.

The second may be called its *specific* use, for chronic gastro-intestinal irritation, or dyspepsia with diarrhœa. Here I employ the liquor bismuth in doses of from a half to one teaspoonful four times a day. In inveterate cases, not amenable to treatment, and of years duration, I have had the happiest results.

I have omitted to name the common use of bismuth for water-brash, in some cases of which it is very effectual.

The powdered sub-nitrate is also the most effectual local application for irritation of the skin—*chafing*—either in the infant or adult. For this purpose the part is thoroughly dusted, and it is repeated as often as necessary to keep it dry.

Bromine.—Bromine is not employed as an iternal remedy,

though its salts have been used largely within the last ten years. It may be employed with advantage as an inhalation in croup and diphtheria, and as a stimulant in phthisis. For croup it has been used in the proportion of ten drops to two ounces of water.

Bromide of Potassium.—Bromide of Potash is a very greatly overestimated remedy. When I commenced practice it was only used in cases of spermatorrhœa to relieve sexual irritation —now it is recommended for every nervous ill that flesh is heir to.

I think it has one *specific* use, and that is as a remedy for epilepsy when associated with irritation of the reproductive organs, or especially in irritation of the cerebellum. In such cases I have used it with much success. The dose will be about twenty grains three times a day.

I only use it in spermatorrhœa, in those cases in which the person is of a plethoric habit, with great venereal excitement—cases approximating satyriasis, rather than spermatorrhœa. In these I administer it in doses of thirty to sixty grains at bedtime.

Bidens Bipinnata—Connata.—Frondosa. The different varieties of Bidens deserve investigation. Reference to the Dispensatory or Materia Medica will give the direction it should take. I am especially interested in the action of the B. Frondosa on the heart and circulation.

Prepare the tincture from the recent herb, in the proportion of ℥viij. to alcohol 76° Oj., using pressure. Dose from five to thirty drops.

Bryonia.—This remedy is extensively employed by the Homœopaths; and, as I think, greatly overestimated. They use it in rheumatism, pneumonia, and other diseases of the chest; in typhoid fever, and many other affections. It may be recommended for investigation—℞ Tincture of Bryonia, ℥ss.; Water, ℥iv.; a teaspoonful every one or two hours.

Brayera Anthelmintica.—This agent is only employed as a remedy for tape-worm; and when of good quality it is very efficient.

Calendula Officinalis.—A tincture of calendula has beem employed by the Homœopaths as a local application in wounds; but without any advantage that I have been able to see.

Calx.—Lime is used for the ordinary purpose of an antacid, and in some cases is preferable to any other alkali. This is especially the case in indigestion, with the formation of lactic

acid from decomposing food. Here there is not unfrequently an excess of the normal salts of the blood, and we cannot use the salts of soda and potash to neutralize gastric acidity. It may be stated, as a general rule, that it will be found beneficial in cases of infantile dyspepsia, and in dyspepsia of the adult, with acid eructations during digestion.

Its *specific* use is in cases of furunculus or boils, and other inflammations of cellular tissue, terminating in suppuration. Why it has this specific influence I do not propose to say, but the fact I have proven in scores of cases. Given a case in which boils are being continually developed, the use of lime water will effect a radical cure. It is given in doses of a wineglassful three or four times a day.

Boletus Laricis—White Agaric—The tincture of boletus exerts a marked influence upon the spinal and sympathetic nervous system, in certain cases of disease. It has been successfully employed in the treatment of epilepsy and chorea, and to check the rapid pulse with hectic fever and night sweats in phthisis. It has also been recommended in insanity where there is a feeble cerebral circulation and imperfect nutrition. And, also, in neuralgia, with similar symptoms.

The above will give the direction for further investigation, which we hope will give us a valuable remedy.

Polyporus Officinalis.—(See last number.)

Camphor.—Camphor in small doses is a stimulant, in large doses a sedative, to the nervous system. I do not regard it as having a very extended use in medicine, though for the purpose named, it may sometimes be employed with advantage. In low forms of disease, with insomnia and restlesness. I have used it alone, and in combination with stimulant doses of Opium or Morphia, and Quinine.

As a topical stimulant, it may be employed with advantage, when the integrity of the part is threatened from enfeebled circulation.

Cannabis Sativa.—The tincture of Cannabis should be prepared from the recent wild plant whilst in flower, but as we cannot get this, we use a tincture prepared from the *churrus*, a species of extract from the recent plant,imported from India. The dose will vary from one to five drops.

In small doses it is stimulant to the cerebro-spinal centres; in large doses it produces intoxication, and finally arrest of function. It exerts an influence upon the urinary and reproductive apparatus that may be rendered available in practice, and also to some extent upon the skin.

I have employed the Cannabis *specially* to relieve irritation of the kidneys, bladder and urethra. It will be found es-

pecially beneficial in vesical and urethral irritation, and is an excellent remedy, in the treatment of gonorrhœa,

I do not like it as a remedy for intemperance, (chronic alcoholism) so well as a combination of Nux Vomica and Iodine, with a bitter tonic; though in some cases it may be used with marked advantage, and the habit finally broken up by its use.

Cantharis Vesicatoria.—I object to the use of the blister, as a means of counter-irritation, and going further than this, I object to counter-irritation as a means of cure, when it can possibly be avoided, and I think it may be avoided in nearly all cases.

As an internal remedy, Cantharis will have but one use—as a stimulant to the urinary apparatus, especially the bladder. For this purpose it may be employed in small doses.

Cactus Grandiflorus.—Night-blooming Cereus.—We prepare a tincture from the recent plant, in the proportion of ℥iv, to Alcohol, 98° Oi. The dose will vary from one to ten drops.

The influence of Cactus seems to be wholly exerted on the sympathetic nervous system, and especially upon, and through the cardiac plexus. It does not seem to increase or depress innervation, (neither stimulant, nor sedative,) but rather to influence a regular performance of function. I am satisfied, however, that its continued use, improves the nutrition of the heart, thus permanently strengthening the organ. It has a second influence, which is of much importance to the therapeutist. It exerts a direct influence upon the circulation and nutrition of the brain, and may thus be employed with advantage in some diseases of this organ. We can see very readily how this may be. The cardiac nerves are derived from the upper part of the sympathetic, and judging from the anatomy of the part, the first cervical ganglion being the principal nervous mass in the cervical region, must furnish innervation through the cardiac nerves, as it certainly controlls the circulation and nutrition of the brain.

The cactus is a *specific* in heart disease, in that it gives strength and regularity to the innervation of the organ. Its influence is permanent, in that it influences the waste and nutrition of the organ, increasing its strength. It exerts no influence upon the inflammatory process, and hence, is not a remedy for inflammatory disease.

Feelings of weight and pressure at the præcordia, difficult breathing, fear of impending danger, etc., are at once removed. Such irregularity of action, whether violent, feeble, or irregular, as is dependent upon the innervation, is readily controlled. Thus, in the majority of cases of *functional* heart disease it gives prompt relief, and, if continued, will effect a cure. In

those cases in which there is another lesion acting as a cause, and in some gastric, enteric, or uterine lesions, these must receive attention, and be removed to make the cure radical.

In structural heart disease, the first use of remedies is to relieve the distressing sensation in the region of the heart, and the unnatural fear of danger which attends them. As these spring from disordered innervation, in the majority of cases, the cactus gives prompt relief. As we have seen above, its continuance favors normal waste and nutrition, as well as regular action. Hence, its continued use is followed by the removal of adventitious tissue; and an increase in the strength of its contractile fibre. Hence, it is really curative in many cases of structural heart disease.

I have some cases on my case book, of such aggravated form, that no one would believe they could live a twelvemonth; yet, after a lapse of five years, they are enjoying comfortable health.

But it will not relieve or cure cases of valvular deficiency, dilatation of the openings of the heart, or fatty degeneration. It is well, in estimating its action, to bear this in mind.

In its influence upon the nervous system, it more, nearly resembles pulsatilla; giving relief in that condition known as nervousness. But farther than this, itgives regularity of cerebral function, and permanently improves nutrition of the nervous centers.

BLOOMINGTON, ILL., Sept. 30.

Dr. Scudder: Dear Sir—I intended to have written to you, in regard to one specific property of the *Actæ Alba*. As you have reached it in your order, you can do as you wish in regard to inserting this. It is specific in controlling after pains. There is probably no remedy known that equals it. Make a tea of it, and drink freely. This power in controlling after pains, suggests that it will prove invaluable in congestion and neuralgia of the womb.

I would call your attention to a property of *Black Cohosh*, as an external application. An alcoholic tincture is the best application in neuralgia, muscular pains, and rheumatic pains that I ever used. Dr. King recommends it for the foregoing, but this use of the remedy appears to be lost sight of. I know whereof I affirm. Yours truly, W. FULTON., M. D.

ART. LXVIII.—*Acupuncturation*: By M. M. FENNER, M. D., Fredonia, N. Y.

It is now about three years since I began the use of acupuncturation in my practice, by means of that ingenious, and truly valuable, little instrument known as the "renovator." When my attention was first called to it I was skeptical con-

cerning its ability to accomplish the results claimed for it. As, however, I make a point of possessing any new medicine or appliance, for which superiority over old methods is claimed, I lost no time in commencing the use of the "renovator." I I have proved its very great value in the treatment of a wide range of both acute and chronic diseases many and many times over; and I have more than once had occasion to thank Dr. A. R. Brown, of Albion, Michigan, that staunch and practical Eclectic, of more than ordinary good sense, for his ingenuity and enterprise in putting the profession in possession of so efficient a means for the relief of many a case, that one would now, hardly know how, otherwise, to treat.

I like "specific medication," which I understand to be a system of medication that sends remedies, in medicinal (small and generally pleasant) doses, in every case, to act upon or specifically impress the tissue affected. As counter-irritation, properly applied, sends its influence from the tissue attacked by it to the tissue affected by disease, through the nervous arcs connecting the two, thereby specifically impressing the diseased tissue, I suppose it will have a place in "specific medication." If "specific medication" must further have the qualification, in every case, of "pleasant medication," as efficient counter-irritation must nearly always be more or less *unpleasant* to the patient, it would not, of course, be properly included; but I do not so understand it. And while I shall be very glad to see medicine arrive at a degree of perfection that will admit of *proscribing* all means in any way harsh or unpleasant, which will take counter-irritation, among other things, away from our resources, I do not think that time has yet come; nor do I believe it will be fully realized for some generations yet to come. We must, indeed, be much more fertile in efficient resources before we can afford to give over so efficient a resource, in the hands of the intelligent physician, as counter-irritation.

While, therefore, counter-irritation must continue in use, we should hail with pleasure and interest all useful modifications and improvements appertaining to it. There is no form I have ever used, so mild and pleasant, so to speak, or more properly, perhaps, so little *unpleasant*, and yet so generally *efficient*, as acupuncturation by means of the "renovator." I use the instrument in view of its counter-irritant effects chiefly; yet selecting the fluids with reference to their specific action when absorbed, and I have no doubt that I get happy effects from such absorption, added to the otherwise efficient effects of the counter-irritation.

I do not find it very generally disagreeable to use. It must be applied with care. The points need not be set out but a trifle at first, till the patient has become accustomed to the light, quick, and rapid stroke; then they may be further

set out to reach the desired depth. In thus exercising *tact* and *care*, I have no difficulty in applying as freely and thoroughly as I desire, even to the most exquisitely sensitive inflammations about the joints. I will refer to two or three cases now uppermost in my mind:

Miss Kitty V., aet. 16, had sprained her ankle about six months previously, and been unable to step on her foot since. Besides, she was worn out with pain, which refused to yield to blisters, irritating plaster, hot fomentations, or any of the many anodyne and stimulating liniments that had been constantly applied. So severe and persistent was her pain that she could not sleep at all for several nights in succession. She thus passed into my hands at a time when she had nearly despaired of any relief whatever. I armed the "renovator" with Fluid No. 2 and applied over the cold and painful ankle very freely. I repeated it once in four or five days for a month, at which time she was able to walk on her foot freely without any inconvenience whatever, and had no pain. The improvement commenced within ten minutes after the first application and continued steadily till well. Here are her own words.

Frewsburg, N. Y., January 16, 1868.

I certify that I had been afflicted for a period of upwards of six months with a violent neuralgia of my right ankle, causing such pain and soreness that I was unable to walk without crutches, and was often deprived of sleep entirely, day or night, for several days in succession. In this state of misery, and after applying to other physicians and being told there was no help for it, I applied to Dr. M. M. Fenner for treatment. The result is, I have had no pain or soreness for the last month. I walk on my feet as usual and attend school—in short I am well. KITTY VANARSDALL.

Remarks.—There was a very little hard swelling about the ankle joint. It was cold, and the whole foot and leg were cold. It was exquisitely sensitive, as was also the entire tarsal region of the foot. The girl was in good health, with ruddy cheeks and healthy expression of countenance, except she looked a little worn out after an unusual loss of sleep from it. It might be said she needed Quinine and Iron to improve circulation and innervation; but she had taken them largely without effect, and she was cured without them, and I think did not need them at all. That opiates and Gelseminum would have cured; but they had been tried, producing only a temporary benumbing effect, and she was always worse after their use. Undoubtedly the circulation needed to be improved, both vascular and nervous; and the nervous and other tissues needed to be *sensibly impressed and soothed.* In fact she needed just what she got, efficient counter-irritation with the salutary impress imparted to the

nervous and other tissues of the part by it, and the stimulating and anodyne medicines of Fluid No. 2 Hot foot baths, blisters and other counter-irritations had failed in my judgment because they were not sufficiently *stimulating* and *anodyne*. But the opiates, aconite, and vegetable irritants, as mandrake, poke and irris, of Fluid No. 2, when deposited beneath the cuticle, by means of the "renovator," *were* sufficient to change the morbid action of the parts to a normal one, by their potent stimulating, anodyne, or other specific influence. And it is my judgment that there are many such cases where these means will succeed after most other means have been tried and failed, and that where other means will succeed this will generally do so most readily and easily.

Mr. Page, aet. 45; severe pain under left shoulder blade; can not rest well nights; general health good. Applied Fluid No. 2 freely over left shoulder and between shoulder blades. After I had done he expressed himself as experiencing the first relief for several days. It seemed as though an incubus was removed from his shoulder. The "warming" sensation, as he called it, was agreeable. I gave only a *placebo* bottle of medicine. Saw him six months afterwards, he told me his pain never returned.

Remarks.—Now this was a case in which I should have been entirely at a loss to prescribe. True I might have given Macrotys and Aconite, calling it either rheumatism or neuralgia, or both; but then they would not have helped him any; they never help such cases in my experience. Specific medication was called for, and in my judgment alone available. I know of nothing administered by mouth that would have promised, *a priori*, to afford relief. But the *impress* on the diseased tissues, made by the counter-irritation being conducted to them by the nerves connecting the surface attacked by the counter-irritant to them (the diseased tissues) was specifically calculated to remove the existing obstruction. Perhaps a mustard plaster would have accomplished it. I think, certainly, an irritating plaster would have done it if continued to suppuration. But then nobody would apply and wear plasters to their shoulders except under protest, if indeed they would do it at all. But the acupuncturation was positively agreeable in this case and entirely efficient. It did the work exactly, and the result helped me in the estimation of my patient as a medical man, and his influence among others, more than enough to buy a dozen of Dr. Brown's instruments. It is not necessary to buy his Fluids, as with what information on the subject there is now published, any intelligent physician can compound efficient and proper preparations for his own use. Still as Dr. Brown is in the business, he will undoubtedly prepare a more eligible compound, at a less cost to the physician, than the latter can do for himself, and in naming

the agents of which his compounds are composed, without describing his process of preparation of them, he does enough to satisfy that professional honor that would not use compounds the ingredients of which were kept a secret—as much as our first class druggists are in the habit of conceding to the profession, with reference to the syrups and resinoids they are all the time furnishing to them; and as much, perhaps, as a due regard for business interests would warrant.

Now if a physician would be *popular*, and thereby being able to challenge and receive from public opinion the impression that his services are *indispensable*, he must be in possession of all these various appliances for just such cases as that detailed above. They not only benefit his patients, but give him that *eclat*, and assure to himself that *confidence* without which, whatever his real attainments may be, he will lack much of being "reckoned" a very decided success as a physician in the community, wherever he may reside. It is not the number of cases of consumption a physician may benefit so much as it is the number and variety of trifling affections he may meet and happily manage, that will give him a general confidence and assure his success.

Miss Lucy P., aet. 25; nearly distracted two or three days in each week from pain in left eye, extending to back of head and neck, and down between shoulder blades. Quinine and iron aggravate it. Morphine makes it worse and sets her crazy besides; can not even bear it combined with Gelseminum; can not bear hypodermic injections of it. Electricity only gives very temporary and partial relief. Applied the "renovator," Fluid No. 2, and gave internally, Muriate of Ammonia in ten grain doses, repeated *ad lib.* Relief immediate. Cure followed in good time.

I will cite but one case more, and that I have just had. The result is so gratifying that I feel I should do the profession and the proprietor of the "renovator" a positive wrong if I did not produce it, and so add my further testimony to that of others who are using the instrument:

Bertie H., aet. 4; had diphtheria; nearly recovered. A ride exposed him to damp air and tired him out. Attacked with *cerebro-spinal meningitis*; became very bad; unconscious; head thrown back between shoulders; tympanitis of abdomen surpassed in extent anything I had ever seen; carotids throbbed; pupils dilated; constantly uttering a gurgling moan, with an occasional screech; respiration rapid; pulse from too rapid to count had become imperceptible at wrists; feet and hands cold and clammy. All this in the face of the best treatment I could devise; using heat, Mustard freely, Tincture Capsicum, *et al.* In fact there seemed no hope of recovery whatever, and I so told the friends. At this juncture I applied very freely and thoroughly Fluids No. 2 and 3 in combination,

by means of the "renovator," the points being well set out, over entire spine, abdomen, and calves of legs. Covered all over with hot wilted cabbage leaves, and bound them on, several thicknesses deep. Kept up the external heat and Tincture Capsicum as had done before. In a little time the punctures began to redden. Finally they formed fully, and in less than six hours the little patient was again conscious. The pustules matured beautifully over back, belly, and legs. The child is now nearly recovered—out of danger at this writing. I feel that I *know* he would have died, had I not used the "renovator." And yet it is not generally used in this vicinity. I know of but one physician besides myself in this county who has it. I esteem the hypodermic syringe very highly, indeed, but if I were obliged to part with that or the "renovator," I would retain the latter. By all means let every physician *try it*. No one who has any considerable practice can afford to be without its efficiency and its convenience.

ART. LXIX.—*Uroscopy at the Bedside*: By PROF. TIMMERMANS, of Turin. Translated by Prof. J. KING. M.D. (Continued.)

The color of the urine, so variable from the variety of natural and morbid pigments, and by the solution of principles foreign to the pigments proceeding from the economy, may likewise present various tints under the influence of coloring matters derived from the external world. Rhubarb, santonine or santonic acid color urine a dark-yellow, intermediate between the yellow of bile and that of canary*; resin, a greyish-yellow†; campeachy wood, and aloes, a deep red; madder, blackberries, raspberries, fruit of the cactus opuntia, and of the beet, color the urine pure red. And when we desire to derive some information from the color of the urine, we must always bear in mind these various causes, which have no bearing upon the normal or abnormal condition of urine.

Reactions of Urine.—Normal and recent urine hardly reacts with acids, and its acidity tends to preserve it for several days. Its acidity may be so slight that the liquid may be regarded as neutral (Haller). If it be so in the normal state, *a fortiori*, in the pathological condition, this acidity may be increased or diminished, and even give place to an alkaline state.

When *urophein* is abundant, and the urine is very concentrated, its acidity becomes considerable, and this is a phenomenon which sufficiently explains the sensation of burning experienced at the neck of the bladder and in the urethra, in rheumatic fevers, true rheumatism, and every time that the

* Urine colored by these medicines becomes blood-red by the addition of ammonia or potassa.

† Which turns blue by perchloride of iron.

urine becomes brick colored and jumentous from excess of urates.

The acidity of the urine does not depend solely upon the uric acid, which is very little soluble, nor upon the urates, which, besides their little solubility, are often neutral; but especially upon the presence of other acids peculiar to the urine, as the acid phosphate of soda (Liebig), or of lime (Morin), carbonic acid (Milne Edwards) acetic acid (Thenard), lactic‡ and butyric acids (Berzelius), and hippuric acid (Lehman).

When urophein is wanting, when the urine is slightly colored or very abundant, as may be observed with anemics, hectics, cachectics, and glycosurics, the reaction may be neutral. It is rare, but possible, however, that a colored urine may not be acid; more frequently, it very readily becomes alkaline.

The alkalinity of the urine may depend upon divers causes, a diet exclusively vegetable, the use of ammoniacal or alkaline remedies, such as the Vichy or Carlsbad waters, spontaneous decomposition, and an abundance of urea, extractive matters, and pigments, which contribute to the development of ammonia,are the principal causes. Ammonia may be found in small quantity in urine immediatelyafter its emission (Brucke,Heintz, Boussingault). Catarrh and hemorrhage of the bladder accelerate the decomposition of urea, and render the urine alkaline at the very moment of its emission. These characteristics are very important, inasmuch as catarrh and hemorrhage of the kidneys, bladder, and ureters, communicate their acidity to the urine.

In consumptive maladies, the urine becomes alkaline from the tendency and the very great facility the urea possesses of being converted into carbonate of ammonia.* Respiration of an air charged with tobacco smoke may render the urine so ammoniacal that the ammoniacal odor may be perceived.

The reaction of the urine may also be *amphoterous* (Bamberger), that is to say acid, and at the same time alkaline; presenting the ammoniacal odor, and coloring litmus red,† and

‡ Lactic acid is produced by the decomposition of animal substances, and is developed in the muscles with creatine. In the circulatory current it is saturated by the bases of the blood, and passed in the urine in the form of acid lactates, but it has been found in the free state (Lehman).

* Ammonia hardly formed in the urine, is combined with carbonic acid, uric acid, phosphate of magnesia, and the acid phosphate of soda, with which it forms tribasic salts. It is also united with the hydro-sulphuric acid which is formed in albuminurous urine, in cases of absorption of abundant pleuritic exudations, or of internal treatment by sulphurous preparations. Hydro-sulphuric acid is recognized by means of a slip of paper washed with acetate of lead, which becomes black in contact with the urine containing this acid.

† We may recognize urine with the weakest acids; paper moistened in sour milk, of a violet color, becomes red on contact with any other acid (Heintz). To be assured of the ammoniacal alkalescence, we use *hematoxylin* paper (he-

which is due to the development of ammonia, and to the formation of ammonia magnesian phosphatic crystals in a urine wholly acid.

In the interest of the present subject, the semeiology of the urine, it must be remembered that, aside from the acidity (within certain limits), which is its normal condition, urine that is very evidently neutral and alkaline, *amphoterous*, expresses, at least anterior putrefaction, a condition which is wanting in the physiological state, or in a true morbid fact. Clinical investigation must verify similar cases by recurring to the other diagnostic signs, to the etiology, the history and the examination of the urinary apparatus.

Chemical Composition of Urine.—The physical and chemical study of the urine determines its composition, and permits us to deduce from it important symptoms useful to the clinic and to pathology. Chemically, the urine is a very dilute aqueous solution of divers azotic principles, the debris of the organic changes, such as urea, uric acid, creatin, creatinine, extractive matters, etc., and of some salts, chlorides, phosphates, alkaline, and terreous sulphates, proceeding either from the interchanges of the materials of the organism, or derived from the external world with the food and drink. These materials circulating in the blood, the remains of the nutritive processes or extraneous to it, or useful in part, must be expelled by the renal filter. Besides, the urine contains carbonic acid gas and nitrogen.‡

The elements of urine oscillate in quite large limits, in the normal state as well as in disease. The study of these variations interests the diagnosis, prognosis, and treatment.

Urea.—The principal element of human urine† is urea, which was first discovered in 1773 by Rouelle, and better demonstrated subsequently by Scheele, Bergmann and Cruikshank. It is found in the blood by the combustion and the regressive transmutation of the albuminoid materials, and is eliminated by the urine with creatine, creatinine, and sarcosine, regressive products of the muscular tissue, which, in the last degree of their metamorphosis, are found changed into urea.*

matoxylon campechianum), which, of a reddish-yellow color, becomes dark-violet by the action of alkalies (Beuling and Vogel). The presence of carbonate of ammonia is readily recognized by the effervescence resulting from the escape of the acid when heated, or upon the addition of a dilute acid. Ammoniacal urine gives white vapors when in proximity with a glass rod moistened with hydro-chloric acid.

‡ These gases of the urine may become so abundant as to constitute a true *pneumuria*, as Mialhe has observed with a hypochondriac.

† Milne Edwards distinguished *guanine* urine, proper to the invertebrated animals, the *uric* urine of birds, the *hippuric* urine of herbivorous animals, and lastly, the urine with urea of carnivorous animals and man.

* Prevost and Dumas demonstrated, in 1821, that extirpation of the kidneys produced uremia. It has been demonstrated that urea proceeds from the blood

In order to have an idea of the semeiological importance of urea, it suffices to know that this body represents half of the solid substances contained in the urine. In admitting as correct, *lato sensu*, the formula of Trapp, heretofore cited, it will be sufficient to have the specific gravity in order to determine the quantity of urea in a given urine.§ If a urine has a density of 1020, the approximative proportion of the urea is 40 per 1000; suppose the urine passed in one day is estimated at 1500 grammes (three pints two and a half ounces), the daily loss of solid materials would be 60, and the urea of one day 30, (about 15 grammes (half a fluid drachm, or 915 cubic inches) of azote, since this principle enters into the composition of urea, about 46 parts in 100.)

The average proportion of urea produced and emitted* per day is susceptible of great variations, above or below. It increases physiologically by an abundant and exclusively animal diet, by an active, laborious life, by an abundance of drink; all that has for a necessary result the acceleration of the organic combustions. It diminishes by vegetable diet, insufficient alimentation, by the forced diet of disease, the abuse of sugar and of sweetmeats (Hoppe), sedentary, inactive life, and by the custom of drinking but little. The English, by their diet, produce much more urea than the Germans and French, and the difference may go from 12 to 30 per 1000 (Becquerel, Marchand.)

Pathologically, urea increases in acute febrile diseases, and especially in typhus and meningitis; in the last named disease, the density of the urine will raise to 1025 and 1035, and will correspond precisely to the maximum quantity of urea produced. Chorea, according to Beale, also increases the proportion of urea; and which indeed happens in all cases of extensive and violent muscular exercise, which give rise to a great quantity of creatine, which is converted into urea,† and

in the kidneys through the composition of the renal vein, which contains one-half less of urea than the blood of the emulgent artery (Picard.)

§ We comprehend that the presence of glucose, the abundance of extractive matters, and of salts, must detract much from its correctness in the calculation of the proportion of urea, deduced and calculated from the specific gravity alone.

* Urea is obtained by evaporating 15 cubic centimetres (4 fluid drachms) of urine to one-fourth its volume, and treat it with one volume of pure nitric acid. The white argentine precipitate formed is nitrate of urea. Treated by carbonate-of baryta this precipitate reacts; carbonic acid is produced with nitrate of baryta and urea. Treat with alcohol, which separates the nitrate of baryta, now become insoluble, and by evaporation the urea is obtained. Pure urea crystallizes in elongated prisms, possesses a bitterish, cool taste, and dissolves readily in water, but less so in alcohol.

†Creatine has much analogy with urea, and still more with creatinine. Creatine and creatinine are two azotic principles, which are readily converted into sarcosine, urea, and ammonia.

passed by the kidneys (Primavera.) On the contrary, urea diminishes in many diseases, in chlorosis, anemia, whether these divers conditions are, or are not primary or deuteropathic. In those last pathological instances, it is the production which diminishes; but there are others in which the excretion alone is effected, as in diseases of the cortical substance of the kidneys. Then the retention of the urea in the blood produces that condition which we term uremia, with the group of very grave symptoms which accompany it, as vomiting, diarrhœa,* epileptiform convulsions, coma, and apoplexy; at its last stage symptoms peculiar to albuminuria occur. I refer here to the albuminuria of Bright's disease, because if the albuminuria is accidental, transient, and due to an acute or passive renal congestion, it is often associated with a proportion of urea altogether superior to the normal quantity.†

In yellow atrophy of the liver, the urea diminishes also, and we find leucine and tyrosine in the urine, still less advanced degress of oxidation of the proteic matters. But this fact has nothing very significative in it, since Frerichs, Hadeler, and Griesinger have found leucine and tyrosine in typhoid fever, in which, nevertheless, the urea is abundant, and in direct ratio, according to Brattler, with the elevation of the temperature. (Dr. Solles.)

ART. LXX.—"*Potts' Fracture.*" BY PROF. Z. FREEMAN.

This is known as fracture of the fibula, about two and a half or three inches above the external malleolus, accompanied by dislocation of the foot outward, and either fracture of the internal malleolus, or rupture of the internal lateral ligament, called the "deltoid."

This is quite a common accident, and is apt to result in more or less deformity at the ankle-joint, notwithstanding the best efforts of the surgeon may be used to secure a favorable termination of the case.

The careless practitioner, or indifferent surgeon, may not be aware of the great necessity of giving this fracture every degree of care and attention possible; and when he takes off the splints, and the patient places his foot on the ground, he is surprised to find it everted, and the job not turned out as well as he expected.

There are three causes for this unfavorable result. One, the carelessness of the surgeon, where such carelessness has

* In the matters voided by vomiting and by diarrhœa, are found urea and carbonate of ammonia. This intestinal excretion seems to supply that of the kidneys.

† To find the proportion of urea of an albuminurious urine, we must first deprive the urine of its albumen by boiling and filtering it, and then proceed as named in a preceding note. In the grave forms of uremia, in the place of urea, we find quite a considerable quantity of creatine.

existed, *i. e.*, not giving the parts the proper splinting and attention. The second cause is, from the nature of the parts, their peculiar anatomical arrangement, and the great amount of injury done to them, which neither nature nor the splintings of the surgeon can always entirely correct. Third, the recklessness or stubborness of the patient, in removing the dressings, or in some way not giving the injured part a fair chance for recovery.

The ankle-joint is formed by the tibia and fibula, articulating with the astragalus. The articulation is principally with the tibia, which receives in its concave or cup-like articulating lower extremity, the convex surface of the astragalus. The internal malleolus offers a barrier of resistance to the internal displacement of the astragalus, it also forms a point of attachment to the internal lateral ligament.

The external malleolus is formed by the lower end of the fibula, and, like the internal malleolus, it offers resistance to lateral dislocation of the foot; also, it is a point of attachment for the external lateral ligament of the ankle-joint.

The lateral ligaments are very strong, and especially the internal or deltoid. It is attached to about half of that surface of the internal malleolus that extends from the tip to the level of the concave articulating face of the tibia. It is divided into three parts: the anterior passes forward, and is inserted into the naviculare, the middle passes directly downward to be inserted into the astragalus, while the posterior branch passing backward, is inserted into the os calcis. This makes the ligament quite broad as it leaves the tip of the malleolus; and when only the tip of the malleolus is broken off, the anterior branch of this ligament attached to the upper fragment, as also the posterior portion, by the great force applied at the time of the injury, may also be torn across.

The muscles connected with the ankle-joint that assist in inversion or resist eversion of the foot, are the tibialis posticus, which arises from the posterior surface of the tibia, fibula and interosseous ligament, passes behind the internal malleolus to be inserted into the naviculare and internal cuneiform bone; and the tibialis anticus, which arises from the anterior surface of the tibia and interosseous ligament, and passing over the anterior surface of the joint, is inserted into the internal cuneiform bone. The flexor communis digitorum, and the flexor longus pollicis, which also pass down behind the internal malleolus, have long tendons, which go to the big-toe and other toes, have but little or no power in preventing eversion of the foot, and may not be contracted or relaxed without effecting its inward or outward motion.

The perone, which are on the external side of the leg, arise from the upper, middle, and lower third of the fibula. The peroneus tertius has a small, narrow tendon, passing anterior

to the joint, to be inserted into the base of the metatarsal bone of the little-toe. The peroneus longus and brevis have each a large, strong tendon; they pass downward together in a groove of the fibula, behind the external malleolus, as over a pully; the brevis, short and firm, to be inserted into the base of the metatarsal bone of the little toe; while the longus passes obliquely across the bottom of the foot to be inserted into the base of the metatarsal bone of the big-toe, and internal cuneiform bone. When the internal malleolus is broken off, or the deltoid ligament ruptured, the perone muscles, on account of their strong, short and fine tendons, and location in the groove of the fibula, exert a powerful influence over the foot, antagonizing and overcoming the tibialis anticus and posticus, and producing and retaining great eversion of the foot.

This fracture is frequently caused by striking the inner side of the foot, near the toe, as the patient stumbles. In falling, great force, as the weight of the body, is brought upon that part, suddenly; the foot is forcibly everted, and thus great tension of the deltoid ligament is produced, which either becomes ruptured, or a part becoming ruptured, the remainder carries with it a portion of the internal malleolus. There remains nothing now to oppose dislocation, and the astragalus is turned out of its socket. The external malleolus offers resistance to the displacement; but the internal malleolus or deltoid ligament having yielded, the whole force is now used against it. Its tibial attachment is very firm, and acts as a fulcrum to this short arm of the lever; and while this is pressed in an outward direction, the force is felt at the end of the long arm of this lever, on the fibula, above the malleolus. The fibula, being a slender bone, is bent inward and breaks about two and a half or three inches above the malleolus, the two fractured ends pressing close in against the tibia.

There are two species of dislocation that may accompany this fracture: the complete or true, and the rotary. The complete, or true, is when the internal lateral ligament being ruptured, and the internal malleolus either fractured or not fractured, the astragalus is forced from the socket of the tibia, and rests its superior and internal face against the sharp edge of the external border of the tibia, which imbeds itself somewhat into its articular cartilage. Sometimes the external border of the tibia is broken off, leaving the fragment attached to the fibula. This dislocation is rather difficult of reduction, on account of the stretched and tense condition of the parts, the position the astragalus has assumed, and its braced and fixed position. The method of reducing it is, by applying to the part hot damp cloths, for a few minutes, and then flex the leg on the thigh, at a right angle, and extend the foot a little, then, by extension and counter-extension,

rotating the foot carefully at the same time, the parts are unlocked, and the astragalus slips back into its place. If the parts are very sensitive, anæsthesia may be produced, and the reduction soon accomplished.

The rotary dislocation occurs when the deltoid ligament is torn across, and the malleolus fractured, and its lower fragment carried with the foot, the astragalus turning in the socket of the tibia. Great deformity accompanies this displacement also. The parts at the inner side of the joint are so completely torn away, that no resistance is offered to the force used, and the action of the perone muscles. The foot is thus turned out to near a lateral angle with the leg, exceedingly everted, while the astragalus, rotating on the surface of the tibia, is allowed great freedom of rotary motion. The foot seems loose, not braced, as in the former case, but easily moved and restored to its proper place.

My method of reduction is, by slightly flexing the leg on the thigh. I then make extension and counter-extension, pressing the astragalus and tibia into their places. This is accomplished quite readily. Often in attempting to reduce this species of dislocation, the bones slip readily into their places before I have applied the expected amount of force to the parts.

The symptoms of "Potts' Fracture" may be summed up as follows: The history of the case—the party has fallen, or in some way, has received an injury at the ankle, that has disabled the joint. The parts are swollen over both malleoli and the anterior face of the joint, generally the swelling is very considerable and quite puffy, also painful on any attempt at motion, and painful on pressure, especially over the malleoli. Pain on pressure upon the fibula from the malleolus to the point of fracture—scarcely any pain in the fibula above the fracture. There is a depression in the leg opposite the fracture, and by tracing the fibula with the fingers, grasping it from above downward, and from the malleolus upward to the fracture, you may detect the direction of the fragments pointing inward, and their ends resting against the tibia. There is irregularity of the ends of the fragments when any separation occurs, and considerable pain experienced as the finger is pressed directly upon the fracture. The great strain brought upon the tibio-fibular ligament has so sprained it that it becomes exceedingly painful to the touch. Passing the fingers over the internal malleolus and defining it by grasping it, if there is fracture, the rough, sharp edge of the upper fragment is readily detected, and the malleolus is shorter than on the sound limb. Tracing the surface, a short distance from this, you detect the lower fragment, like a hard body. A depression between the fragments indicates the nature of the injury.

The foot is dislocated, the heel pointing toward the op-

posite foot; the toes much everted; the outer edge of the foot turned up; the inner edge turned down, and the foot seems so swung away from its attachments, that it presents an exceedingly distorted appearance.

Treatment.—Extension and counter-extension, as above described, reduces the dislocation. Invert the foot, raising the inner edge, at the same time with the fingers manipulate the fragments of the internal malleolus, until their fractured faces are in direct apposition. Keep the foot inverted, while, with the fingers of one hand below and at the point of fracture, and the other above, draw, as well as possible, the fractured ends of the fibula away from the tibia. It is difficult to draw them away, and but little progress can be made, yet some relief can be obtained in this manner. It is worse than useless to make pressure on the short arm of the lever, or external malleolus, for the purpose of assisting to raise the fragments at the point of fracture, for the purchase is so slight, and the parts at the malleolus so sensitive, that any pressure applied for that purpose becomes exceedingly painful and intolerable.

You will know the dislocation is reduced, and the bones set properly, by observing the following: The fragments of the internal malleolus are in correct apposition, the lower ends of the lower fragment inclining toward the median line of the body; the line of the fibula traceable, and its indentation, and the irregularity of the fragments at the point of fracture, removed as much as possible. Flexion and extension of the foot are restored as much as the stiffness, consequent on the swelling, will allow; then by comparing the two limbs, trace the line of the spine of the tibia in both, as it points toward the external edge of the base of the metatarsal bone of the big-toe, and see that they both compare. On account of the great swelling of the injured ankle, it may seem difficult at first to be exact in diagnosis. By exercising a little patience and care in observing the comparative relation of the malleolus and line of the tibia with the inner and outer edges, and middle of the foot, making allowance for swelling, and comparing the affected with the sound, a mistake is generally easily prevented.

Splinting.—One, two, or three splints may be used in the treatment of this fracture, as circumstances may demand. Prof. Hamilton has used, in some cases one, some two, and in one case three. Other surgeons use sometimes one and some times two. In some cases I have used only one, some two, and in one case three.

A great latitude is left to the judgment of the surgeon, according to the peculiarities of the case, the great object in view being to secure as perfect a result as possible. If called to the case soon after the injury has occured, the swelling and pain not being severe, the "Dupuytren," or single straight

splint, may be used with a satisfactory result. It is applied in this manner: A wedge-shaped pad, nearly two inches wide, its base about one inch in thickness—it can be made of cotton, with soft muslin wraped about it—should be laid on the inside of the leg, commencing above, and as near to the internal malleolus, as not to cause pain of this injured part, and should extend upward as far as the splint, to within three inches of the head of the tibia. Over this apply the straight splint, fastening the upper end by a few turns of the roller around the leg. The splint should extend beyond the pad to opposite the bottom of the foot. The lower end is fastened by a few turns of the roller around the splint and over the external malleolus carefully, and about the heel, drawing the foot toward the end of the splint, thus turning it inward and securing it safely. A little raw cotton applied between the foot and splint is often a source of comfort. A few cases reported, treated with the different methods of splinting, may not be inappropriate here. Mr. D., "Potts' Fracture;" I saw the case within half an hour after the injury. The swelling and pain slight; dressed the case at once, with "Dupuytren's" splint; used dilute tincture of aconite to the part. Result favorable, although he limped a little at the end of the year. Two years after the injury, no limping; he has a good ankle.

Mr. T., "Potts' Fracture;" foot much everted. I was called within half an hour after the injury; treated as the above case. At the end of a year he is a little lame; the foot is slightly everted; he has a perfect use of it, and considers it a good job.

In cases where I have not been called so early, and find the parts much swollen and painful, the external malleolus being too tender to bear the pressure of the roller, I usually apply a dressing of dilute tincture of aconite for a few hours after setting the foot; then turn the sole of the foot inward a little, and support it there with a pillow or cloth roller, until the splints can be applied. I then use two side splints, both extending beyond the foot about one inch and a half. The inner one is used with a pad, as a "Dupuytren" splint, the outer one is padded carefully with cotton, especially about the malleolus. They are fastened to the leg at their upper end by the roller. The foot is then everted, as much as necessary, and the bandage passed around it and the inner splint; then cotton crowded firmly between the external splint and the foot, also a little cotton placed between the inner splint and the foot, and the roller passed around both splints to keep them and the cotton in their place. This dressing answers an excellent purpose, and is generally comfortable to the patient.

Mr. K., "Potts' Fracture." I saw the case three hours after he injury occurred; used two splints, as above. He walked

a little lame at the end of two years. At the end of three years, no lameness. Result perfect. Mrs. W., a large woman, weighs about two-hundred pounds, "Potts' fracture," caused by striking the toe and falling. Treated with two splints—was a little lame for two years. She has a pretty good ankle, but not perfect; the foot is slightly everted, and the joint widened.

Mr. M., "Potts' Fracture." I saw the patient four hours after the injury. The foot was exceedingly everted, and the ankle swollen largely. I used two splints until the inflammation and sensitiveness disappeared from the joint, and then applied the "Dupuytren splint." I had much trouble with this case, as the internal fastenings were so completely torn away, and the patient was stubborn, and interfered frequently with the dressings. Result, perfect apposition of fragments at the point of fracture; excellent flexion and extension of the foot, excepting a little stiffness, which time will correct, but there is some eversion of the foot and widening of the joint.

In cases where the fracture commences at the junction of the malleolus with the tibia, or a little above, and extends into the articulation, I have used three splints. The two side splints, made narrow, were applied, as above; then the leg was placed on a double incline-plane splint at a comfortable angle; the side splints not extending beyond the bottom of the foot; and the foot resting against the foot-board.

Mr. G., a large, muscular Scotchman, "Potts' fracture." In this case the fracture was a little above the malleolus, and extended into the articulation, about three lines from the malleolus. I treated with three splints, as above. The injury of the parts was considerable, and the inflammation and swelling corresponded. I had to redress it every day, applying the bandage rather loose, also using, as well as possible, dilute tincture of aconite. He was a little lame at the end of two years; the ankle was weak, but there was a very little deformity.

Widening of the joint is almost a constant result of this fracture. Its causes are, first, the upper end of the lower fragment of the fibula, inclining inward toward the tibia, tips the external malleolus outward. Second, an ossific deposit sometimes occurs on the articular face of the internal malleolus, at the seat of fracture, which, pressing against the astragalus, assists in everting the foot and widening the joint.

Splints should be worn in such fractures about five weeks, when they should be taken off, and flexion and extension of the foot commenced. To preserve the natural position of the foot as much as possible, a good firm, shoe, with side-irons attached, extending to near the knee, and buckled properly, should be worn. The side-irons should be firm, and a padded strap should be passed around the leg, as near the internal

malleolus as possible, and buckled to the external iron, so as it draws the ankle outward; the firm shoe keeps the foot a little inverted. This may be worn six months, or a year, if necessary. The weight of the body coming upon the foot too early, before the ligaments are strong, is apt to induce eversion. Prof. Hamilton reports "results imperfect" in the majority of fractures and injuries about the ankle-joint.

The surgeon is liable to meet with difficulty after treating this fracture, on account of the frequent deformity, that, in many cases, is the unavoidable result. The ignorant and stubborn patient, seeing an apparent deformity, and the ankle remaining weak longer than he had anticipated, will accept of no explanation of the unavoidable causes, and, set on by as ignorant friends, and sometimes malicious advisers outside of the profession, and, I regret to say, sometimes, *unfortunately*, in the profession, also his own cupidity, attempts to extort a sum of money as a compromise, or by a suit for alleged malpractice.

The persons most disposed to prosecute, are of the poorer class, who have nothing to lose and every thing to gain. It is often an open attempt to use the courts for rascality and robbery. Beecher says, "Some men want their own, while others want their own and yours also."

I once suffered the infliction of one of these "*unpleasantnesses.*" The plaintiff was a stout Irishman, who caught his toe in falling, and produced a very severe case of "Potts' fracture." When I first saw him, about four hours after the injury, the parts about the ankle were much swollen, and very painful, and the foot extremely everted. The whole of the internal fastenings of the foot, including a portion of the internal malleolus, were torn away, giving, with the accompanying dislocation, a great degree of deformity. I set the foot at once by reducing the dislocation, adjusting the fragments of the malleolus, and raising the fragments of the fibula from the tibia as much as possible. On account of the swelling and tenderness, I applied dilute tincture of aconite for a few hours, and kept the foot in position by supporting it with a pillow and folded cloths. Next day, after carefully examining the parts, and adjusting them more nicely, I applied two side splints, as above mentioned, using the inner one as a "Dupuytren splint," and pressing cotton firmly between the outer splint and the side of the foot. These I continued until the swelling and tenderness had sufficiently disappeared from the ankle to bear the single inner splint, which I used as a "Dupuytren splint," passing the roller over and around the external malleolus. I returned on the third day; the splint had been removed two days, without apprising me of it; after explaining to him the necessity of keeping the splint in its place, and charging him not to remove it, I reapplied it. He was a

stubborn fellow, and removed it soon after I left; when I returned on the third day, he had been placing his foot on the floor, trying to compare it with the sound one, and because it did not compare well, he and his friends became somewhat intolerable. I would have left the case at this stage, but the danger of his getting into the hands of some "quack," who might, by mismanagement, make a bad case of it, and then throw the blame on me, as not having set the limb properly, induced me to retain the case in my charge; so I reapplied. the splint; he promised not to remove it. When I returned on the third day, he had taken the splint off, and bathed his leg and foot with "fish pickle," and they were much inflamed and swollen. The inflammation was of an erysipelatous character, and the entire leg was covered with small vesicles from the knee to the foot. Of course, no splint could be applied. After the inflammation caused by the pickle had subsided, I was still anxious that he should have as good a foot as possible, and put on him a stout shoe with side irons, giving him orders to report to me once a week. He did not report, and when I next saw him, he had managed to bend the irons, and had worn the inner edge off the heel and sole of his shoe. This forced the foot into an everted position, and completely frustrated the design of the shoe and brace. I urged upon him the necessity of going with me to have the shoe repaired; he refused,and entered suit against me, in the Superior Court, of this city, for ten thousand dollars damage.

The next time I saw him he was walking rapidly along the street without a cane; his lameness scarcely observable. The suit was postponed by me, for sufficient reason, until the swelling and stiffness had almost disappeared from the joint. In such case it is always better to postpone the suit, if possible, until the parts have time to rid themselves of the thickening about them, and stiffness of the joint.

Any swelling about the ankle-joint gives it a deformed appearance, and may be mistaken for a partial dislocation. I have a patient now, who has chronic rheumatism, the ankle-joint is swollen and widened; the foot is splayed, everted, and weak, and resembles partial dislocation. I have another case, tertiary syphilis,the ankle-joint is widened, malleoli prominent, and the foot splayed and everted. Both cases present the appearance of a foot that has been treated for "Potts'fracture."

By waiting, in case of suit for alleged malpractice in "Potts' fracture," until the swelling has entirely disappeared from the joint, the most of the deformity passes with it, and what might have, six months previously, convinced a jury of malpractice, has now no existence,and the presentation of the case for trial becomes a farce.

The next time I saw this patient, or plaintiff, was in the court room. I took the limb to show the jury its condition.

The fragments of the malleolus had united perfectly; the fibula had united also, and there was scarcely any depression noticed at the point of fracture, as its line was traced. Flexion and extension were good; scarcely any stiffness, but the foot was slightly everted. He kept the peronii contracted, and forced the foot into eversion, and would not relax them until I appealed to the court, when he was ordered to relax them, and the foot came around into its natural line. All deformity disappeared, as I showed the jury how excellent a job I had made of it. What little eversion existed was the natural result of the great injury done to the internal ligaments and fastenings, which left them relaxed; and the widening of the joint was a natural consequence.

Experts of old school physicians were called to establish the fact of malpractice in the case. Dr. Mussey, after considerable contention, making an effort to show that there existed some deformity, that probably might have been avoided, to a question put fairly to him, replied, that he "saw nothing in the appearance of the foot, considering how bad it must have been, that indicated improper treatment.". Prof. Blackman, a prominent old school surgeon of this city, whose reputation commands for his opinions a high consideration, replied, as an expert for the plaintiff also, that " the job was a good one;" that if his cases turned out as well, he would be satisfied; that if he had to be sued for malpractice, when his cases turned out as well as this, he would quit the practice of surgery tomorrow.

No witnesses were called for the defendant, excepting, I was requested to give the history of the case, and its treatment. When, without argument from the attorneys, it went to the jury, who, after a few minutes absence, returned a verdict for the defendant. The jury and judge, when congratulating me on the result, said, "that the case should never have been brought into court."

The foot had so changed in appearance, between the time that the attorneys for the prosecution undertook it, and the time of the trial, that they told me " they felt they had an elephant on hands and could not get rid of it."

It is not the fear of the result of the trial that makes these suits for alleged malpractice so seriously objectionable, it is the trouble, annoyance, loss of time, and big lawyer-fees, that tries the patience, and taxes the forbearance of an unusually even tempered man, especially when there is no cause for prosecution; yet we have to submit to the infliction without any redress, for the prosecutor is generally too poor to pay the court expenses, and takes this method to show his gratitude for the care of the surgeon, and to pay his bill.

It is well to send a certain class of patients to th e hospital, and often best to give them a wide berth.

ART. LXXI.—*Insomnia.* By L. J. M. Goss, M. D.

It would appear, from the experiments which have been instituted by physiologists, that whatever cause is capable of lessening the amount of blood in the cerebral tissues will induce sleep, and *vice versa*, whatever cause is capable of increasing the quantity of blood in the brain will produce insomnia. Heat disposes to sleep, by increasing the flow of blood to the surface and to the extremities, and thereby lessening the quantity to the brain. If the heat, however, be so intense as to irritate the nervous system it produces the opposite effect. A slight degree of cold induces wakefulness at first; but if the system be vigorous and reaction takes place, so the blood is thrown to the surface, it disposes to sleep. But where the cold applied is very intense and the reduction of temperature sudden, the system can not maintain its resistance, and a different result takes place, and stupor is the consequence. By contraction of the blood-vessels generally, and the internal organs, and the brain among them, becoming engorged in this way, stupor, and even death, frequently result from intense cold.

Diminution of mentality is a potent cause of sleep, and *vice versa*, the increase of mental exercise lessens the tendency to sleep. If we desire to sleep we exclude the light, get out of the reach of sound of noises, avoid thought, and cut off our connection with the external world; for, while we exercise our senses, by communication with the objects about us, it requires the usual circulation of blood in the brain, and this disposes to wakefulness.

Although insomnia, or wakefulness, is recognized by many writers on the practice of medicine, yet its pathology has seldom been defined. It is a functional disorder of the brain, and most frequently results from excessive exercise of that organ. So common is obstinate wakefulness that any physician, of usual practice, will meet with it frequently in the course of a year's practice, and consequently, its pathology and treatment become important. Many of our worst cases of cerebral diseases originate from persistent insomnia. This morbid pathological condition not only prevents the necessary rest and repair of the brain, but it keeps the brain in a state of erethism, which, sooner or later, if not relieved, produces organic disease. Charles Mackey attributes the insanity of Southey to the watching at the bed of a sick wife after excessive mental labor. Sir Isaac Newton's mind suffered in his last years from loss of sleep and mental labor. Renaudin says that persistent wakefulness is sooner or later followed by insanity. Many literary men, from over exertion of the brain, produce morbid wakefulness, and that is followed by nervous irritability and peevishness, which self-

disciplin, can not well control. That buoyancy of feelings, cheerfulness, and hopeful disposition, give way to a spirit of discontent and dejection, and finally, to gloomy despondency. The intellectual powers, by degrees, lose their healthy activity, the conceptions become indistinct and undefined, and the perceptions become confounded with exterior unhappiness, and illusions haunt the mind. Sometimes the individual seizes upon some particular subject, upon which his mind will dwell with a morbid pertinacity, as politics, religion, or even some science; and this has led to the conclusion that his favorite hobby was the cause of the insanity, when, indeed, it had nothing to do in its production.

In our literary institutions there should be the utmost care not to over-tax the mind, and there should be strict rules to prevent students from trespassing upon the hours that should be devoted to sleep, for those cerebral congestions are fraught with the most serious consequences. I was well acquainted with a young man, who went to the Mercer University, in my native state, Georgia, to complete his education; he was, however, entirely ruined by the attempt. He was a young man of great promise, possessing a very active mind, and a high ambition to excell; he over-taxed his cerebral powers, and not allowing himself the necessary repose, soon was seized with congestion of the brain, and that was followed by insanity. He was treated with care, and the active state of the congestion was subdued, but the cerebral aberration was not allayed entirely. He was taken from college and allowed to roam abroad as he saw fit, in hopes that leisure and change of scenery would restore his lost mentality, but all means failed. I was a student then myself and did not know the cause of the failure, but I now think it was from the fact that he became very intemperate, and indulged his propensity freely for his potations.

Two years ago, I was suddenly called one night to a young man, who, when I arrived, was walking the room in great excitement. I was told by his father that he had not been able to sleep for some considerable time, and that he was very irritable and peevish. He had tried to produce sleep by drinking freely of spirits, but that increased the evil, he tried Morphia, and that failed to produce the desired effect. I was informed that this young man had been deranged a few years prior to that time, and that, by retiring from his legal studies and duties, he had recovered. And, upon further inquiry, I learned that after the four years course of study in the University of Georgia, he had completed the study of Law, engaged in the practice, had a clerkship in a land office in Nebraska, and was cashier of a bank, and also, was engaged in buying and selling land extensively. Such was the mental excitement, in his case, that he could not sleep, and this con-

tinued course of over mental labor finally resulted in insanity, from which he had but partially recovered. As soon as he had resumed his mental labor and his old habits of trespassing upon his hours of sleep, his mental aberrations returned. I advised him to abandon business at once, and retire to the country, and take moderate exercise, and to abandon the use of opium and intoxicating drinks, and to use light unstimulating diet. I also put him upon the Bromide of Potash—five grains at night. This treatment has restored him to his health bodily and mentally.

Again I was called to a young man, some years ago, who was attacked a few days before with a severe pneumonia. I found him in a profound comatic stupor, the lungs extensively inflamed, the circulation very much accelerated, the body morbidly hot. I endeavored to quiet the arterial circulation, and equalize the distribution of blood to the extremities, and thus protect the brain. After several days effort, I succeded in removing the disease of the lungs, but his disposition was more gloomy than formerly, and he seemed irritable and peevish, and there was apparently some aberration of mind, but still he was capable of attending the ordinary business of the farm. He engaged to attend the interests of a farm for a physician, and the care and excitement incident to his position proved an over-task for his enfeebled mental capacity, and his mind gave way and he committed suicide.

There was an instance recently of over mental exertion that took place in the University of Georgia, at Athens. It was a young man of high mental endowments, and the most noble disposition. He was of an ardent disposition, energetic in whatever he undertook, and of high aspirations. He was completing his collegiate course, and was so anxious to maintain a high position in his class that he trespassed upon his usual hours of repose until the brain, from extra labor, continually contained an excess of blood, and insomnia resulted. He now procured the Tincture of Opium, by the advice of some friend, but this failed to produce sleep, and he continued in this state of mental excitement without medical advice, until, finally, before his friends or relations were apprized of his real condition, he was found dead in the vicinity, his pistol lying near by, and a ball hole through the chest—he had undoubtedly committed suicide. His mental aberrations had continually increased, though undiscovered by his parents or friends, until he was seized with that fatal infatuation to commit suicide.

Now, both of the above cases, in my opinion, could have been cured by proper treatment. The last case, as many others that I could relate, was increased by the use of opium. In most instances, where wakefulness occurs, the patients themselves resort to opium, and as that, in certain quantities,

increases the determination of blood to the head, it thereby increases the morbid condition of the brain. In cases of insomnia, occurring from excessive mental labor, as most of them do, the treatment, indicated by the pathology of the disease, is to lessen the determination of blood to the brain. This may be assisted by the position of the body, as well as by medical treatment. The patient should sit up in an easy chair, first bathing the feet in hot mustard water to distend the capillary vessels of the feet, and continue sitting to aid the flow of blood from the head, and take from five to thirty grains of Bromide of Potassium; five to ten grains will usually produce the desired effect. The general health should, of course, be attended to, and intense application to study should be suspended for a considerable time.

ART. LXXII.—*A Case of Poisoning by Strychnia.* By DR. I. D. MINARD, Imlay, Michigan.

On October the 5th, 1869, between the hours of eleven and twelve, Mr. Q. came for me in great haste to go and see his wife. She had felt some like having the ague, and thought she would ward it off by taking a timely dose of Quinine. She was taken sick immediately after taking it; and he allowed it was poison of some kind, and wished me to make no delay. He returned back as fast as he could, it being only a few rods, and I got what medicines I thought I would need and followed after. Before I got to the house I met a man who had just came from there and he told me Mrs. Q. was dead. I made no delay but hastened on, and when I got there I found her stretched full length on the floor, and their son-in-law sitting on the floor with her head on his lap, and Mr. Q. pouring salt and vinegar in her mouth. They informed me that while sitting in a chair she was taken with a very hard fit. The young man caught her, but was unable to hold her in the chair. She pressed her hands on her temples and over her eyes, straightened out, and fell to the floor.

Just then Mr. Q. returned, and recollecting that he had once got some Strychnine to poison foxes with, thought she might have taken that instead of Quinine, and immediately got some salt and vinegar, pryed her jaws apart, and threw in a spoonful of salt; she then came to a little, and he commenced giving her vinegar. They showed me the bottle with the remains of the white powder she had taken, and by the taste and looks I pronounced it Strychnine. To use their own language she took about half a thimbleful of this powder. I immediately dealt out ten or fifteen grains of Sulphate of Zinc and gave it to her in warm water. They then got her up, she stood on her feet with a little help, talked, and was in her right mind; wanted to know what she had taken; said

she was sorry; did not do it on purpose; thought it was Quinine; she prayed the Lord to help her and then moaned for her poor children.

They laid her on the bed; she had a violent spasm, quick twitching of the muscles; the hands and face became livid. As soon as she could swallow again, I gave her fifteen grains of Ipecac, and about half a grain of Morphia. I then sent for Mustard and Chloroform. In a short time I gave her fifteen grains more of Sulphate of Zinc, and gave her more warm water and salt. Breathing became more difficult and she talked quite hoarse. She complained of being cold, and I gave her some Capsicum tea. It was now some ten or fifteen minutes since I gave the first dose, and no vomiting yet, so I gave about a grain, or over, of Tartar Emetic, with some more Ipecac and warm water. I also tickled the fauces with a feather, but without effect. The Mustard came and I ordered a tablespoonful to be put in a tea cup with as much Chloride of Sodium, and filled with warm water; this we fed her by spoonfuls until she took it all. I used the feather thoroughly and she put her own finger down her throat several times but could not excite emesis. The stomach seemed so paralyzed from the effects of the poison that it would not act. If I had had a stomach pump I should have used it, but being without one, I was obliged to rely altogether on the effect of the emetics to throw off what poison was left in the stomach.

By this time she became so very sensitive and nervous that we could not touch her, or put anything in her mouth, without exciting convulsions. The spasms were quick, short and powerful, feeling to the patient like shocks of electricity. This acute nervous sensitiveness continued to increase until she became so extremely excitable that a current of air could not blow on her, or a fly light on her face or hands, without bringing on another of those much dreaded convulsions. And now running my mind over the list of medicines she had already taken in the stomach, commencing with Strychnia, about two grains; Sulphate of Zinc, thirty or thirty-five grains; Chloride of Sodium, nearly or quite a teacupfull; Ipecacuanha, twenty or twenty-five grains; Morphia, one-half grain; Tartar Emetic, over a grain; Sweet Oil, nearly a teacupful; Mustard, a tablespoonful; and warm water about a quart; besides the Vinegar and Capsicum—I came to the conclusion I would give Chloroform, and endeavor to allay spasms, and wait the coming result. I had the doors and windows opened, but did not allow the air to blow on her, however. Kept all around from making noise, as much as possible, which was quite a task, for most all the men, women and children in the village came flocking around to see the sad phenomenon. I watched her closely, and kept the system quieted with Chloroform, by giving a little between spasms

and more freely when they were coming on. It was pretty hard to get her to inhale the Chloroform at first, but that dislike soon wore away, and she wanted to take it, and would sometimes ask for it. Under this treatment the spasms became lighter and longer between, so that by midnight they had entirely left her. About six o'clock in the evening she became sick, free emesis took place and evacuated about three pints of the contents of the stomach. This was a great relief to her, she could get her breath much better and said she felt easier. After a few minutes she asked for the handkerchief containing the Chloroform; I gave it to her and she used it occasionally herself until about eleven o'clock, and then I did not give her any more; she had a few slight twitches of the muscles between that and twelve, but after that she had no more; was very calm, drank a little tea and ate some; complained of no pain, only a little soreness of the throat. She had been getting hoarse from the time I first saw her, and now could not speak louder than a whisper. I ordered cloths wrung out of warm water and applied freely to her throat. About three o'clock she was more restless, the phlegm collected some in her throat and she breathed heavy. I gave a small dose of diaphoretic powder and she rested better, and slept some. I gave a dose of the Tincture of Iodine, but thought as she had taken so much Chlorine in the Chloride of Sodium, I would substitute Tannic Acid; and gave about four grains every two hours. In the morning she was more stupid, but I think not from the effects of the Opium or Chloroform, for her eyes did not indicate it; and the voice could not be raised above a low whisper. I ordered her to have plenty of strong tea for constant drink.

In the afternoon respiration more hurried, skin dry and hot, pulse up to 140 per minute, quite restless and more stupid. In addition to the above treatment, I gave Veratrum and Aconite, every two hours, until evening; but finding her so much worse then, I left them off. During the afternoon she had one or two free evacuations from the bowels and discharge of urine. In the evening pulse down to 120, skin about the same; stupor increased; throat dry and rattled considerably; respiration quicker and more difficult. The throat was still a little sore. I left off the hot cloths, and applied Hartshorn liniment freely. On the morning of the 7th pulse up to 136; not as stupid; respiration easier. We got her up in bed put a chair behind her, she coughed up a good deal of dried mucus, thick and hard, and cleared her throat out so she breathed quite natural; ate some mutton soup and drank some tea; said she felt better.

Between twelve and one I saw my patient again, her feet and limbs were getting cold; pulse feeble and quick; breathing very laborious; and rattling in the throat very much

increased. And to all appearance death was fast approaching. I gave her some brandy, had the extremities washed with Capsicum tea and applied warmth to them, but all to no avail. Her feet got a little warmer at first, then gradually grew colder and colder, pulse weaker and weaker, breath shorter and shorter, and sank away, and died apparently easy about seven o'clock in the evening.

PERISCOPE.

Galvanism as an Antidote in Poisoning by Gelseminum Sempervirens.

Dr. J. T. Main, of Unity, Maine, makes (*Bost. Med. and Surg. Jour.*, April 15, 1869) the following interesting statement:

"In the summer of 1866, I took, through mistake, one drachm of fluid extract of gelseminum sempervirens, and immediately started to see a patient suffering from paralysis. The patient resided some eight miles off, and before arriving I became nearly blind. Control over the upper eyelid was almost entirely lost. The flexor muscles of the hands and arms were paralyzed, while the extensors were nearly so. Sensation in hands and arm blunted, but not in proportion to loss of motion. My speech was somewhat affected. A very disagreeable sensation of the head was felt even before the muscles came under the influence of the drug, but my mind was quite clear.

"In this condition I arrived at the home of my patient, and as I was incapable of using my hands (my legs did not suffer nearly as much), I directed the nurse to apply the galvanic battery to the patient, and as she was about putting the instrument aside, I asked her to apply the poles to my hands, which she did, and I was instantly relieved. The relief was not only instantaneous but perfect and permanent.

"I have tried the galvanic battery by way of experiment, several times since, upon those who were pretty well under the influence of gelseminum, and with like results."

Tetanus Treated with Calabar Bean.

Drs. Boslin and Curren (*Chicago Medical Journal*) have treated a case of acute traumatic tetanus of violent character with large doses of morphia and calabar bean. For a portion of the time, a grain and a half a morphia and three grains of the powdered bean in glycerine were given every hour, with the manifest effect of quieting the patient and relieving the spasm. The patient recovered.

At a meeting of the Clinical Society of London, held Feb. 26th, Mr. Bryant referred to a case in which he thought that the fatal result was due to the influence of the calabar bean. He thought very ill of treatment in acute tetanus, but drew attention to the possible utility of tracheotomy as preventible of the risk of death from spasm of the glottis.

Mr. Maunder in two cases failed to gain anything from the use of the calabar bean; he had found more help from opium. Tetanus did not, he considered, especially attack the larynx, and he doubted if much good would come from tracheotomy although it was an operation he thought deserving of a rial.

The Influence of Alcohol upon the Temperature of the Body.

Dr. C. Binz, Professor of the University of Bonn, gives (the *Practitioner*, Sept., 1869) some of the results of experiments undertaken at his instigation, by students who are working in his pharmacological laboratory. In all about forty-nine experiments were made. "In all these cases the temperature of the rectum was alone taken. An experiment made on a man in whom the temperature of the mouth and anus were coincidently taken by the introduction of a thermometer into each, showed that there was no difference between them, and that consequently the place where the temperature was taken was a matter of no importance. The same result was obtained in the case of a rabbit, in which one thermometer was introduced *in ano*, and another beneath the skin of the back.

"As a consequence of these investigations, the alcohol question may assume a somewhat different aspect. The introduction of the thermometer into medical practice, to which only the unscientific will object, has taught us that high temperature in the febrile state constitutes one of the most dangerous symptoms in various diseases. Alcohol is thus frequently called upon to act as a preservative of life by its antipyretic properties. It removes the conditions which induce paralysis of the brain and heart; and it should be employed in those cases especially where the thermometer shows that too high a temperature is present. In this respect it approximates to Quinine in its action, but at the same time possesses in addition its well-known stimulating action on the central nervous system and upon the heart. It is self-evident that its value in this respect is not in any way impaired by its antipyretic properties. In most cases, however, it will be found that the depression of the powers of the system is directly dependent upon the temperature of the blood, and passes off when it falls.

"Two circumstances are opposed to the extensive employment of alcohol in acute diseases: first, its effect upon the

pulse; and secondly, its influence on the tone and diameter of the vessels.

"In all our experiments, the number, and it appeared also the strength, of the contractions of the heart rose. Whenever, therefore, such an effect is from any cause to be feared, alcohol is obviously an improper remedy to be employed.

"According to Waller and the remarkable researches of Cohnheim, pus originates in the passage of the moderately enlarged white cells through the relaxed walls of the dilated blood-vessels. I have convinced myself by direct observation of the perfect accuracy of the statements of Cohnheim, though they are still contested by some investigators, and have elsewhere, though undoubtedly with another object in view, furnished a sketch of my own. Alcohol induces dilatation of the capillaries of various regions of the body, but especially of those of the head, with great precision and certainty. And perhaps it may even be said that it causes dilatation of the capillaries throughout the body. If now there be already present a strong tendency to the formation of pus, it may be materially favored by the administration of alcohol. We may, perhaps, be allowed to attribute the injurious effects which now and again have been observed to follow the employment of alcohol to these actions. Alcohol holds a secondary position as an anti-pyretic as compared with Quinine, because the latter does not possess these disadvantages.

"It remains for us still to consider to what causes we are to attribute the refrigerating influence of alcohol, and there appear to be three possibilities; that it may operate upon the nervous system; that it may act on the means which the system possesses of regulating its temperature by the perspiration; or, lastly, that it may exert its influence directly on the oxidizing processes which take place in the juices. After all that has been said upon the subject, it is the last action which seems to be by far the most probable.

"Further and more extended series of experiments, which have already been commenced, will, we hope, enable this question to be decided.

Absorption of Nutritive Substances introduced into the Subcutaneous Cellular Tissue.

Menzel and Perco (*Wien. Med. Wochenschr*, 1869, No. 31) injected beneath the skin various kinds of nutritive matters, in a fluid state, with the intent to determine whether they would be absorbed. At first, fatty substances—almond oil, olive oil, train oil, and the like—were injected into the subcutaneous tissue of dogs, beginning with one drachm and increasing gradually to one ounce. Though fatty substances were found to be less readily absorbed than other forms of fluid aliment, yet finally they also were entirely taken up. At

the end of, at the furthest, forty-eight hours, no trace of them was discoverable. Milk, the yelk of a fresh egg, and dissolved sugar were more quickly absorbed. The subcutaneous injection of fatty substances in the human subject gave rise to no serious local symptoms, nor to any serious disturbance of the general system.

EDITORIAL.

All letters should be directed to John M. Scudder, Box 146. *When considerable amounts of money are sent procure a Post Office Order, if the office is an order office. Notify us at once if there is any failure in the Journal, or filling orders for books.*

The Close of the Year.—Again, we have completed a year, and added another to the twenty-eight volumes of the Eclectic Medical Journal.

What changes in medical practice have occurred in the twenty-nine years just completed!

Then, we had a harsh and death-dealing practice—now, we have a mild and life-preserving system of medicine. Then, disease was regarded as an *entity*—something to be forcibly driven from the body—now, it is regarded as but a depressed condition of life. Then blood-letting, mercurialization, tartar emetic and harsh purgatives, were the rule—now, small doses of direct medicines and restoratives are used. Then, water was withheld from the patient, though he were suffering the tortures of Tantalus; and his stomach kept in such condition that food could not be taken, even, if permitted—now, the sick person is gratified with drinks to assuage his thirst, and with food to sustain his life. Then, he was tortured with blisters, and suffered to rot in his dirt, without washing, clean clothes, clean bed, or pure air—now, the first principle of treatment is to remove the unpleasantness of disease, so far as may be, and bring to bear all the hygienic means that render life comfortable. Then, the mortality would run from 20 to 60 per cent—now, it is reduced to one or two per cent. Then, sickness was prolonged to weeks, and the patient would leave the sick-bed with a shattered constitution—now, the duration is shortened to days, and the recovery is complete, without impairment of function or life.

Is the picture too strongly drawn? I am sure it is not. With regard to the old practice I have seen it in scores—yes, hundreds of cases, and experienced it in my own person. No one who had not witnessed it, could obtain an exaggerated idea of it from this description; for no pen is able to depict it in all its hideousness.

With regard to the modern practice, I give the description as it is in my own business, and as I see it in the practice of others.

The change is a very great one, as it is a very good one, and will fully account for the increased duration of life, which has been noticed in the last twenty-five years, and which is now being commented on.

To what extent has Eclecticism been instrumental in bringing about these good results? We do not claim that it has accomplished it all, but working steadily towards this end, it has exerted an influence that can hardly be estimated. It has taken pains in various ways, to instruct the people that the old system of medication was injurious, and largely increased mortality; and that restorative medication, good nursing and food attained far better results.

It raised such a prejudice against blood-letting, that physicians were forced to dispense with the lancet—such an opposition to mercury, that physicians could only give it by stealth, if at all. Gradually, one by one of the objectionable means have been displaced, until, in many localities; even the *regular* physicians have become comparatively harmless.

In doing this, it has fought a great battle for a great good, and has fought it successfully. But has it accomplished all? Is the practice of medicine perfect? These questions need not be answered at length here, as the answers spring spontaneously to the questions.

The majority of Eclectics are working together for a better system of medicine, and they are making as much progress today, as ten, fifteen or twenty years back. Medicine is now doing directly, what in the olden times was indirect; and we may hope that in a few years, it will attain that degree of perfectness, in diagnosis and therapeutics, that it will assume the proportions of a science.

Whilst in the past, the Eclectic Medical Journal has always stood foremost in combatting error, and advocating truth; and may justly claim to have been one of the principal agencies in the accomplishment of the results attained; so in the future, we propose that it shall still maintain the advance toward a rational and scientific practice of medicine.

We have endeavored to fulfill every promise made to our readers at the commencement of 1869, and have the satisfaction of knowing that we have given satisfaction. During the coming year, we propose to continue the articles on Specific Medicines, and have the promise of efficient aid from many of our best writers. I think, therefore, we may safely promise as good, if not a better volume for 1870.

With thanks for a past liberal patronage, we ask that it may be continued in the future, and the influence of our friends exerted to increase our subscription list, and thus extend the influence of Eclecticism.

Muscular Pains in Women.—We find many cases of disease in over-tasked women, in which muscular pains are a source of constant annoyance, and do not yield readily to treatment.

In one case it is confined principally to the lumbar region, and takes the form of back-ache and weak back. Occasionally, it extends forwards, involving the abdominal muscles, and downwards along the psoæ and illiacus internus. These cases simulate renal and uterine disease, for which they are frequently mistaken.

In others, it involves the muscles of the legs, giving rise to an intense, sometimes intolerable "leg-ache." I have seen women suffer so much from this, that the functions of digestion and nutrition were seriously impaired, and finally a confirmed anemia produced.

Again, if the muscular tissues of the perineum and of the lower abdomen would suffer most, sometimes the sense of weight and dragging would be such as attends confirmed displacement of the uterus. At others, there would be vesical disturbance; at others, irritation about the rectum.

Then we occasionally meet cases in which the pain is principally of the upper portion of the trunk, the walls of the chest, the mammæ, and about the shoulders.

In all of these cases there is a failure of the general health. The appetite is variable and poor, digestion slow and imperfect, and nutrition impaired. These are so prominent, that the physician feels assured that a tonic and restorative treatment is all that is necessary; and he is surprized after some weeks that it has not succeeded.

With others, there is a diagnosis of uterine disease, and the patient has various remedies and local applications for this, without any benefit. I have seen the use of Nitrate of Silver for supposed cervical disease, pursued for weeks in just such cases, and in others the use of pessaries advised.

The treatment of this case is simple. The women should have *rest* for a few days. Put her upon the use of:

℞ Tincture of Aconite, gtts. xx;
Tincture of Macrotys, ʒij;
Water, ʒiv. M.

A teaspoonful every two hours. Using an inunction once a day, of ℞ Quinine, ʒi; Lard, ʒij.

The aconite and macrotys are specific to the muscular pains, relieving irritation of the cerebro-spinal centres, and giving better innervation. After three or four days of this treatment, the patient may be put upon the use of the milder stomachic bitters and restoratives; and will gain strength and flesh rapidly.

Afterwards we may continue the Macrotys with Arnica, especially if it has been of long duration; the tissues feeling sore as if bruised. I use it in this proportion:

℞ Tincture of Arnica, ℥ss;
Tincture of Macrotys, ℥ij;
Water, ℥iv; M.

A teaspoonful four times a day.

Muscular pains arising from, and associated with the symptoms of cold, when recent, will be relieved quicker by substituting veratrum for the aconite in the same proportion.

Treatment of Gonorrhœa.—Almost every practitioner who has had much to do with venereal disease, has been disappointed in the action of remedies. When he desires a speedy cure, remedies do not act at all, or act slowly, or increase the disease. When every thing is moving along well, with the prospect of a speedy cure, at once, without apparent cause, it retrogrades, and is as bad as at first.

The ordinary treatment of gonorrhœa, by the use of copaiba and cubebs, is eminently slow and unsatisfactory; and something better is much to be desired.

I have experimented a great deal with this disease, and am now using the following plan, with very good success. Internally, the patient is put upon the use of:

℞ Tincture of Veratrum, ℥ss;
Tincture of Gelseminum, ℥ij;
Tincture of Macrotys, ℥ij;
Water, ℥iijss. M.

A teaspoonful every two hours.

The injection is:

℞ Sulphate of Zinc, grs. x;
Sulphate of Morphia, grs. v;
Water, ℥j. M.

Use three times the first day, of full strength. Then dilute with three parts of water, and use three times the second and third days. Follow this with an injection of a solution of Sulphate of Hydrastia.

Sore Throat.—In some sections a species of *cynanche maligna*, is prevailing, and proves quite stubborn and troublesome. In most cases, it is quite severe for three or four days, then gets better; but is not well for two or three weeks. It seems to arise from cold, but the symptoms show the action of a blood-poison.

Coming on suddenly, the patient complains of depression, coldness and chilly sensations. Following this, there is a low grade of febrile reaction, with marked arrest of function. The tongue is covered with a thick yellowish-white pasty coat, and the breath is very offensive.

On examining the throat, we find the mucous tissues swollen and discolored—usually deep-red or livid. In twenty-four hours, there is free secretion of an unpleasant muco-pus.

The ordinary stimulant, astringent, or chlorate of potash

gargles do not answer the purpose well, and the patient does not bear kindly the use of cathartics and associate means.

The treatment I adopt is—put the patient upon the use of the sedatives:

℞ Tincture of Aconite, gtt. xv;
Tincture of Veratrum, gtts. xx to xxx;
Water, ℥iv. M.

A teaspoonful every hour. Associate with this, Sulphite of Soda, in doses of grs. xx, every three hours. And use a gargle of a saturated solution of the same.

The effect of these remedies is prompt, and a cure is effected in two or three days, without any of the relaxation that is so troublesome, where other means are employed.

The Spring Session of the Eclectic Medical Institute.—The Spring Session will commence February, 1870. The prospects are flattering for a large class, but it cannot be too large, for we have great need of good men.

Physicians would do the cause a service, by so presenting the subject, as to induce capable men to commence the study of medicine by a course of lectures. Men, twenty-five to thirty-five, make good students, and good physicians.

We are not educating a sufficient number now to take the place of those who are wearing out and dying. And if we were not constantly making converts from the other schools, our numbers would diminish.

The Matriculation Books for the Spring Session will be opened January 1st, *and every one taking the tickets for the Spring Session may attend the remainder of the Winter Session without charge.*

The New Eclectic.—We will issue the first number of this Family Magazine, December, 20th. We will be glad to receive from one to ten names from each of our old subscribers, that our first issue may be large.

We purpose that it shall succeed on its merits, and we only ask aid to give it a first introduction. Many say "we can do much better when we receive the first issue, that we may show the people what it is; it is difficult to get subscribers with but a slip of four pages to show." So that we may reasonably expect a large increase of the list after the first issue.

It will serve the interests of Eclecticism, and at the same time, furnish as much useful reading, as any other periodical for the price. And it will furnish it in such form, that it may be preserved, and make a large useful book. 768 pages for $2.00.

We will issue an illustrated poster for Post-Offices, when the first number comes out. And we will send these with specimen copies to the Post Master, or any who may be sufficiently interested to order them.

We will also send specimen numbers to any who may wish them for distribution, at the rate of 10 for $1.00. Such copies should be ordered before the 5th of December, that we may know how many to print. The first number will be sent to all our subscribers.

"This Gentlemen asked me if I had not seen a Hooped Snake?' Truly, we have seen a "hooped snake," and here it is from the Ohio Medical and Surgical Reporter:

"Many years ago when 'high' diluted drugs had not attracted much attention, a lady I had not seen, described her case in a letter to me. I sent her three powders: No. 1, *Sacch lac.;* No. 2, a few medicated pellets of 1600th dilution of *Sulphur,* which I had received from *Leipsic;* No. 3, *Sacch lac.* Soon thereafter the lady wrote that she took No. 1, and no sensible effect; took No. 2, and almost immediately she felt worse, and would not take No. 3 until she heard from me. I wrote her to take No. 3, and sent her other powders of *Sacch lac.* She gradually improved in health for three months, when I believed another dose of *Sulphur* needed. I sent one dose as above, and she wrote me, 'to her it seemed, that I had given her the same medicine as at first.'"

Specific Medicines.—With this we send the little book of labels of specific medicines. As we charge nothing for it, no one can complain, if it does no meet his expectations of completeness.

The remedies bearing those labels, and sold by the houses named, when fluid, will be of the strength of one troy ounce to each fluid ounce. The menstruum will be alcohol. And they will be made of *recent* and *carefully selected* crude material, and with a degree of care not heretofore given.

The purpose is to have a *remedy of uniform strength and value,* and one which has not had its medicinal properties destroyed by age, or in the process of manufacture. The price will be 50 cents per pint higher than the common fluid extracts.

Diploma of the Illinois State Eclectic Medical Society.—I have received from the Secretary, Dr. Wm. H. Davis of Springfield, the Diploma of this Society. It is neatly gotten up, and is creditable to those having it in charge. Physicians wishing to become members and receive it, will address Dr. Davis, as above.

The Minnesota State Eclectic Medical Society met pursuant to adjournment, at the city of Owatonna, Sept. 1st, 1869.

President in the Chair. A large number of Physicians were made members of the Society. After the transaction of

business, Prof. Whiteford, of the Bennett College of Eclectic Medicine and Surgery, of Chicago, delivered an address; subject, Theory and Practice and the Medicinal effect of Aconite, Gelseminum, and Veratrum in Fever. Remarks were then made by Dr's. Morehouse, Stanton, and Elliot, upon general practice.

On motion, Prof. Whiteford was made an honorary member of the Society, and a vote of thanks returned to him for his able address.

A motion was made that a synopsis of the proceedings of the meeting be sent for publication, to every Eclectic Medical Journal in the United States. Motion carried.

A discussion then followed as to the propriety of adopting a Fee Bill. No action taken.

The remaining hours were devoted to the transaction of business and discussions of topics of minor importance; after which the meeting adjourned to meet at Minneapolis, the first Wednesday of January, 1870.

E. W. Morehouse, M. D., President.
N. S. Culver, M. D., Secretary.

Owatonna, Minn., Sept. 2nd, 1869.

BOOK-NOTICES.

The Eclectic Practice of Medicine. By John M. Scudder, M. D. Fifth Thousand, new and Revised Edition. Price $7.00. (Will be sent to the subscribers of the Journal, post paid, for $6.00.

The large sale of this work has brought it to the knowledge of nearly all Eclectic Physicians, so that it is needless to say anything of its general character.

The present edition has been thoroughly revised, with the addition of some two hundred pages of new matter. We may notice, an introductory on eclectic medicine; a chapter on diagnosis; a full consideration of diphtheria, spotted fever, and cerebro-spinal meningitis; and a new chapter on diseases of the reproductive organs. The treatment of remittent and typhoid fevers, spermatorrhœa, and many other diseases has been wholly rewritten.

Whilst the older methods of cure occupy their former place, the new remedies and methods are fully described. We confidently offer it to our branch of the profession, therefore, feeling confident that it will meet their expectations.

Diseases and Injuries of the Eye. By George Lawson, F. R. C. S. Cincinnati, Robert Clarke & Co.; Philadelphia.

We have here a manual on diseases of the eye, which, though brief, is very clear and explicit. The description of

diseases and methods of diagnosis are to be commended, but the practice, in many cases, is antiquated and obsolete in this country.

Thus we notice the nitrate of silver recommended as a collyrium in most cases of conjunctival diseases. Even in *purulent ophthalmia* of infants it is recommended as the chief application in some cases. It is also recommended for granular lids.

This author has had a large and successful experience, and with these exceptions, the work will prove a good guide to the practioner.

A Handy Book of Ophthalmic Surgery. By JOHN Z. LAWRENCE, F. R., C. S. Second Edition. Philadelphia, Henry C. Lea & Co.; Cincinnati, Robert Clarke & Co.

We have here another work of somewhat similar scope and size, but giving more space to surgical diseases. It is open to the same objection, so far as the remedies are concerned, but otherwise it will be found a very valuable work of reference. We give a quotation from it to show the style and general character of the work.

"FOREIGN BODIES IN THE EYE.

"Foreign bodies imbedded in the cornea should be removed with a small gouge, or a cataract needle; the gouge, however, is the more useful instrument. Where the epithelium of the cornea has been abraded, a drop of castor oil is a soothing application after the foreign body has been removed. If the foreign substance is buried in the conjunctiva, it must be seized with a fine pair of forceps, and a small portion of the conjunctiva, containing it, excised with curved scissors. A cursory examination of the patient's eye often fails to detect the presence of a foreign body; in which case the palpebral conjunctiva should be exposed and carefully examined. The inner surface of the lower lid is easily exposed by directing the patient to look upwards, at the same time that the lid is drawn downwards. To evert the upper eyelid, its free border should be held by the left thumb and forefinger, and be drawn downwards and forwards; the right thumb-nail or a probe, is then applied over the attached border of the tarsal cartilage, and serves as a fulcrum on which the eyelid may be everted by the left hand. The loose conjunctiva of the upper palpebral sinus may be still more completely exposed by forcing it downwards with the probe. A spill of blotting-paper is very useful for removing particles which are loose on the eye. Foreign bodies on the cornea are generally imagined by the patient to be situated beneath the upper lid. Particles of mortar or lime, should be carefully removed; the lids should be everted, and the surface of the eye syringed with water, or weak vinegar and water, after which cold water compresses

will be found most valuable. Symblepharon is often produced by burns from lime. The conjunctival sac should be well syringed with water after injuries from acids or alkalies. Not unfrequently a foreign body may remain for a considerable time concealed under the upper eyelid, without the patient being cognizant of its presence. He generally applies for "inflammation" of his eye. Dr. Mooren relates a case of conjunctivitis which had been treated for four months by all kinds of eye-waters; upon the removal of a piece of straw, which lay concealed in the upper palpebral sinus, the disease at once disappeared.

"Foreign bodies, penetrating the cornea, may lodge in the anterior chamber, or, passing onward, may wound the iris or lens. A foreign body, if small, may leave no visible trace of its passage through the cornea; if it is seen in the anterior chamber, it should be extracted by fine forceps through an incision of the cornea; but if it is lodged in the iris or lens, the portion of iris with the foreign body should be excised forthwith. The question whether or not the opaque lens should be removed at the same time, will be referred to under the head of 'traumatic cataract.'"

Report of the Committee on Intemperance as a Disease. Read before the Medical Society of the State of Pennsylvania.

This is a valuable paper, and should be widely distributed and read. We will take occasion to notice it at some length in the "New Eclectic."

Correct Observation in Medicine. An address before the Massachusetts Homœopathic Medical Society. By S. M. CATE, M. D.

The author takes correct views of medicine, and appreciates the importance of *correct observation*, which is a great desideratum, if we are to expect a rational practice.

Report and Remarks on a Series of One Hundred Cases of Cataract Extraction: By H. KNAPP, M. D.

This report is but additional proof that the only safe operation for cataract is extraction. Of the one hundred cases, there was 3 per cent. loss, 6 per cent. imperfect, and 91 per cent. of good recoveries.

Some Suggestions on Hydrothorax: By S. M. CATE, M. D., of Salem, Massachusetts.

Our author is a Homœophth in name, but very much of an Eclectic in practice. We give his treatment of one case.

"With symptoms such as I have given, a solution of kali hydriodicum, one ounce, in two ounces of water, administered in doses of a teaspoonful, to each of which is added ten drops of the tincture of digitalis; a dose each eight, or twelve hours,

directly after eating. If this prescription is given, it will be well to observe this condition (using it after meals), or else the medicine may disturb the stomach. And it is well for the patient to take a swallow of elm or flaxseed tea in the mouth before taking the medicine, otherwise, the mouth and throat may be made sore by it. This prescription will often relieve the congestion of the lungs, in some measure, within a few hours. Soon after this the mucus, asthma, and cough will grow better, the urinary secretion take large portions of water from the system, and the heart become comparatively easy in its action. In one case, the attacks, which without help must have soon proved fatal, were removed by this prescription; and then the patient would go on for several months comparatively well; when another attack would come, to be relieved by the same remedies. She went on in this way for some three years before the organic changes were so great as to render all remedies useless, when death closed the scene. In another case help was obtained in the same way, for a year and a quarter, before the same termination."

History of Four Cases of Chronic Inversion of the Uterus. By F. GAILLARD THOMAS, M. D., of the College of Physicians and Surgeons of New York.

The author will accept our thanks for this monograph, which possesses considerable interest.

VARIETIES.

Gleanings from the French.—By PROF. J. KING.

For Sore or Cracked Nipples.—Take of Cocoa Butter, 10 parts; Oil of Sweet Almonds, 2 parts; Extract of Rhatany, 1 part. Mix together. Three or four applications of this will effect a cure without any danger to the infant; most frequently in twenty-four hours. Any inflammation present must first be removed by emollient poultices.—*De Blaquieres.*

Anal Fissures.—Take of clean Soot, 40 parts; finely powdered Hydrochlorate of Ammonia, 10 parts; Extract of Belladonna, 1½ parts; Lard, 150 parts; M. S. A. Apply on lint, morning and evening.

Itching of the Scrotum and Vulva.—Take of Borate of Soda, 30 grains; Sulphate of Morphia, 1 grain; Rose Water, 400 grains; Carbolic Acid, 4 grains. Mix. Bathe the parts every night and morning, and during the intervals apply Lycopodium, Starch Powder, or Lapis Caliminaris.

Itching of the Scalp.—Take of Borate of Soda, 1 part; Tincture of Camphor, 1 part; Distilled Water, 25 parts; Mix. Wash rapidly, night and morning.

Bromohydrate of Quinia.—Pass a current of sulphuretted hydrogen in water, holding bromine in suspension; filter it, and saturate with heat the bromohydric acid, thus obtained, with recent quinia in jelly. Filter, after completely neutralizing, and by cooling we have a very fine crystallization of mammilated silky crystals. This salt administered in pill form, in doses of four to six grains, six hours before the paroxysm, has furnished excellent results, especially in neuralgia of congestive form, with tendency to cerebral congestions, and principally among women at the menstrual period.—*A. Sison.*

Rapid Incineration of Organic Matters.—Substances rich in carbon are of difficult incineration; we accelerate it by the following method: Heat the substance it is desired to burn, to redness, then with a bladder full of oxygen and furnished with a cock, and a slender, tapering tube, we carefully instill the gas upon the contents of the platinum capsule; all the carbon is instantly burned. The only precaution to take, is, not to pass the gas too actively upon the substance to incinerate, lest it be projected out of the capsule.

Instability of Alkaloid Solutions.—A solution composed of two parts Sulphate of Quinia, one part Tartaric Acid, and forty parts water, after standing twenty months, was found, by quantitative analysis, to have lost seven-tenths of the saline substance, making a loss of 25 per 100. M. Gubler has remarked that the solution of neutral sulphate of atropia lost the greater part of its pharmaco-dynamic power when it had become old, and was covered with confervæ.—*Bourdon.*

Suppositories of Iodoform.—Dr. Hillairet employs them against indurated hemorrhoids, and Dr. Lallier against syphilitic ulcers. The suppositories should contain one-tenth of chloroform. In a few days the hemorrhoids soften and wither away.

Verification of Spots of Blood.—This question has not ceased to be of a difficult solution. In Germany they attach the greatest signification to the formation of crystals of *hæmatoidin.* This reaction, little appreciated at present in France, has been seriously studied by the author, and this study has led him to the conviction, that the new method may be considered as one of the greatest conquests of legal medicine.

This method consists in placing on a glass slide the suspected matter, with several drops of acetic acid, and a trace of

chloride of sodium, then, after having covered it with thin glass, carefully heat it over a spirit lamp, adding to it, from time to time, acetic acid, so that after cooling there remains a certain humidity. If, now, this is examined under the microscope, with a power of about 250 diameters, and the spot is produced by blood, rhombdoidal plates will be seen, of a more or less dark brown color, and so well characterized that it is impossible to confound them with any other substance.

The drawbacks to this are, however, that the crystals are the same with the blood of man and animals; that they are not formed when the spot of blood is of several months standing; so that although the presence of blood is proven by their production, their absence does not necessarily prove the absence of blood—*Blondlot.*

Strong Liquid Glue.—Take 3 parts of well divided strong glue, and 8 parts of water—prolong their contact for several hours—then add ½ part of hydrochloric acid, and ½ part of sulphate of zinc; expose the whole to a temperature of 176° to 194° Fahrenheit for ten or twelve hours. A mixture is thus obtained which is permanent, remains liquid, and which it suffices to let stand and settle. This glue is preferable to that prepared with vinegar or nitric acid, and may be used to glue wood, porcelain, glass, and pearl.—*Knab.*

Caoutchouc of Gabon.—This new caoutchouc does not flow from the *Ficus*, nor from the *Euphorbiaceæ*. There are inferior vegetables, of the convolvulaceæ, from whose incised stems flows an abundant juice, which, when dried, forms this caoutchouc. The juice contains a saccharine matter which the author has studied and named *dambonite*, (dambo is the indigenous name of this caoutchouc). It is in white crystals, whose aqueous solution undergoes neither alcoholic nor lactic fermentation, but it produces an ether. *Dambose* is obtained from it, of the family of the glucosides.—*Girard.*

Syrup of Ether.—This preparation is much used in France, in cases where the employment of ether is indicated; it will be found especially useful in sick headache. The following formula furnishes a syrup rich in the medicinal principle, of a fixed composition, and which is not disturbed by the variations of temperature: Introduce into a flask 44 grains of sugar; 49 grains of distilled water; 5 grains of alcohol, 90°; and 2 grains of pure ether. Agitate and preserve.

Pastilles of Bi-carbonate of Potassa.—Take of finely powdered pure bi-carbonate of potassa 5 drachms; finely powdered sugar of milk, 195 drachms; mucilage of tragacanth, a sufficient quantity (about 18 drachms); oil of peppermint, or

other aromatic oil, a few drops. Mix thoroughly together, and divide into tablets of 15 grains each. These pastilles are very useful in acid dyspepsia, in all derangements of health and in all diseases associated with a predominance of uric acid, uric gravel, gout, etc. They are much preferable to the pastilles of vichy or tablets of bi-carbonate of soda. The sugar of milk is less liable to acidity and fermentation in the stomach than cane sugar. Each pastille contains nearly half a grain of the bi-carbonate of soda. In dyspepsia one-fiftieth of a grain of strychnia may be added to each tablet, but which will make it quite bitter.

Vapor Baths.—I have learned a new way (to me) of giving alcoholic vapor baths. Fill a jug with hot water, wrapping two towels around the jug, pour a pint of alcohol on the towels and put to the patient's feet, the patient being in bed, of course. Giving a glass of cold water to drink if you like, repeating the alcohol when necessary, until the patient has sweat sufficiently. S. J. SMITH, M. D.

Poisoning by Gelseminum.—I have found that large doses of Tincture of Valeriana Amm., diluted largely with water, would act as a certain antidote to an over (poisonous) dose of Gelseminum. It is the quantity of Tincture of Gelseminum given that produces the alarming effects we sometimes witness, and not owing to the preparation. The bark of the root contains the same properties as the root, but in less quantity. If we make a Concentrated Tincture of the Root, say, one pound root to one pound Alcohol, and make one pint of the tincture; then make one pound of the tincture of the bark as follows: bark three pounds, alcohol sufficient to make one pint of tincture—you will find that twenty drops of the latter will produce the same effects as twenty drops of the former. M. F. DUMAS, M. D.

Lye Poisoning.—I notice in daily papers a great many deaths taking place among children, from eating concentrated lye. Our city records two deaths in ten days from the same cause. Our physicians seem to be unable to furnish anything to neutralize the fatal effect. It is my purpose to give a case in practice in which I was successful:

Emma R., aged three years, had picked up an empty box, poured a small quantity of water in it and swallowed it; was taken with violent retching and spasms; it was impossible to hold or control her. I arrived about one hour after she had taken the dose—too late for an emetic. I prescribed melted hogs lard, and gave it in tablespoonful doses, and in fifteen minutes she was entirely at ease. I continued the dose every five minutes until it vomited her thoroughly, then I ordered

℞ Aconite, gtts. x; Belladonna, gtts. v; Glycerine, ℥j. A teaspoonful every two hours. Called next morning—found my patient out running around.

Query? what effect did lard have on the lye?

W. A. O'Bryan.

Valerian in Rheumatism.—I notice in the *Journal*, April, 1869, an article by Dr. Butler on treatment of acute rheumatism. I wish to add my testimony to the efficacy of Valerian, administered in the form of a bath. I was called to see a lady suffering from acute rheumatism, who by the way had been treated by an old school gentleman for five days. I could not get the root, so I took two ounces of the alcoholic extract and dissolved it in about twenty gallons of water, temperature 98°, immersed the patient about twenty minutes, dried her thoroughly, and in twenty minutes was entirely relieved; I then put her on usual treatment. Dismissed the patient at the third visit. I think it is a subject the profession ought to look into. W. A. O'Bryan.

Formula for Chlorodine.—℞ Morphia Sulph., grs. viij.; Chloroform, ℥iij.; Ether Sulph., ℥ij.; Water, ℥iij.; Simple Syrup, ℥viij. To make the Chlordine, proceed as follows: Dissolve the Morphia Sulph. in the water by the aid of heat, then heat the syrup, and while hot add the Chloroform Ether, and Morphia Solution; shake well and you have a Chlordine that will not separate. I have been using Chlordine prepared by the above formula for some months, and find it as good as Dr. Ely's (as given by Dr. Adolphus, in the October number of 1868) and much less trouble to prepare. Dose from fifteen drops to one drachm. W. H. Barker, M. D.

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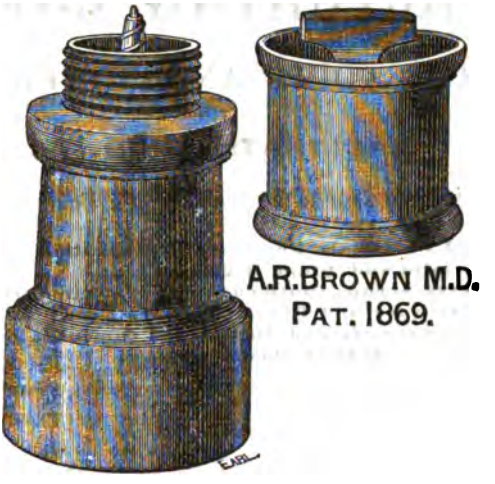

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Arnica Flowers	"		45
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Euonymus...Wahoo	"		50
Eupatorium...Boneset	"		20
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" seed..... " 2 25
Marrubium Comp..... " 1 50
Michella Repens..... " 1 75
Nux Vomica..... " 1 50
Podophyllum..... " 1 50
Senega..... " 2 50
Rhubarb..... " 6 00
Sarsaparilla..... " 2 00
" Comp..... " 2 00
Scutellaria..... " 1 60
Senna Alex..... " 1 50
Stillingia..... " 2 00
do Comp..... " 1 75
Taraxicum..... " 1 50
Uva Ursi..... " 1 25
Valerian..... " 1 75
Veratrum Viride..... " 2 00
Gallum...Cleaves.....pkd " 25
Gamboge.....powd " 2 25
Gentian.....grd " 25
Gin, Holland.....gal " 5 00
Gum Arabic.....selected " 1 00
do No. 2..... " 75
Benzoin..... " 1 20
Kino..... " 1 50
Myrrh..... " 75
Guaiac, resin..... " 75
Glycerine, pure, concentrated..... " 75
Hamamelis...Witch Hazel leaves..... " 30
Hops, fresh.....pk. " 35
Hydrastis Can...Golden Seal.....grd " 25
Hydrastia Muriate.....per oz.3 00
Sulphate..... do 3 50
Iodine...Resublimed..... do 60
Inula...Elecampane.....grd.per lb. 20
Iris Versicol...Blue Flag.....crd do 60
Iron, by Hydrogen.....per oz. 30
Subcarbonate.....per lb. 35
Soluble Citrate.....per oz. 25
Ferrocyanide..... do 30
Pyrophosphate..... do 30
Per Sulph...Monsel's..... do 20
Kalmia Lat...Laurel.....pk.per lb 30
Leptandra Virg...Black root.....grd do 30
Leptandrin.....per oz. 30
Lobelia Herb.....pk.per lb. 40
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Lead Acet..... do 60

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Symphytum...Comfrey..... do 35
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Capsicum	powd...per lb.		60
Caulophyllum...Blue Cohosh	crd	"	25
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Chalk prep'd		"	
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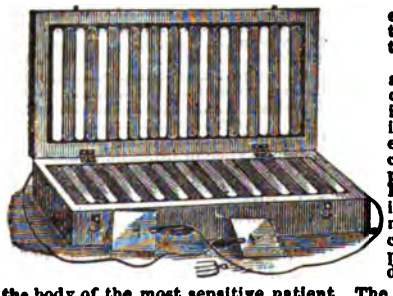

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Euonymus Americanus,
Eupatorium Perfoliat.,
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Gossypium Herb.,
Gelseminum Sempserv.,
Humulus Lupulus,
Hyoscyamus Niger.
Hydrastis Canadensis,
Iris Versicolor,
Ipomœa Jalapa,
Leptanda Virginica,
Lycopus Virginica,
Wine Tr. Lobelia Inflata,
Macrotys Racemosa,
Podophyllum Peltatum,
Rhus Glabrum,
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